

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:
400345617

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10071
2. Name of Operator: BARRETT CORPORATION* BILL
3. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202
4. Contact Name: Julie Webb
Phone: (303) 312-8714
Fax: (303) 291-0420

5. API Number 05-123-33541-00
6. County: WELD
7. Well Name: Dutch Lake Well Number: 22-34H
8. Location: QtrQtr: SESE Section: 34 Township: 6N Range: 62W Meridian: 6
Footage at surface: Distance: 501 feet Direction: FSL Distance: 500 feet Direction: FEL
As Drilled Latitude: 40.438097 As Drilled Longitude: -104.301794

GPS Data:
Date of Measurement: 11/13/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Zane Bullard

** If directional footage at Top of Prod. Zone Dist.: 647 feet. Direction: FNL Dist.: 815 feet. Direction: FEL
Sec: 34 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 608 feet. Direction: FSL Dist.: 856 feet. Direction: FWL
Sec: 34 Twp: 6N Rng: 62W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/01/2012 13. Date TD: 09/12/2012 14. Date Casing Set or D&A: 09/14/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10400 TVD** 6303 17 Plug Back Total Depth MD 10350 TVD** 6303

18. Elevations GR 4648 KB 4672
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Mud, CBL, Triple Combo

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	36	0	60		0	60	CALC
SURF	13+1/2	9+5/8	36	0	880	450	0	880	CALC
1ST	8+5/8	7	26	0	6,660	530	748	6,660	CBL
1ST LINER	6+1/8	4+1/2	11.6	0	10,390			10,400	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,187		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Julie Webb

Title: Permit Analyst Date: _____ Email: jwebb@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400345633	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400346052	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400345628	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400345631	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400346061	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400350601	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)