FORM 5	State of Colorado		DE	ET	OE	ES

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

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number:

400345636

Date Received:

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 05-123-36055-00

6. County: WELD

7. Well Name: Dutch Lake Well Number: 24-22H

8. Location: QtrQtr: NWNW Section: 22 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 318 feet Direction: FNL Distance: 955 feet Direction: FWL

As Drilled Latitude: 40.479156 As Drilled Longitude: -104.314461

GPS Data:

Data of Measurement: 11/13/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Zane Bullard

** If directional footage at Top of Prod. Zone Dist.: 514 feet. Direction: FNL Dist.: 903 feet. Direction: FWL

Sec: 22 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 624 feet. Direction: FSL Dist.: 688 feet. Direction: FWL

Sec: 22 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) 09/21/2012 13. Date TD: 10/04/2012 14. Date Casing Set or D&A: 10/07/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10600 TVD** 6474 17 Plug Back Total Depth MD 10563 TVD** 6474

18. Elevations GR 4791 KB 4815 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:

CBL, mud

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	42	0	80		0	80	CALC
SURF	13+1/2	9+5/8	36	0	872	507	0	880	CALC
1ST	8+3/4	7	26	0	6,905	630	2,302	6,969	CBL
1ST LINER	6+1/8	4+1/2	11.6	0	10,600			10,600	

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	6,407		☐	☐	

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

Att Doc Num	Document Name	attached ?		
400350604	CMT Summary *	Yes ☒	No ☐	
	Core Analysis	Yes ☐	No ☒	
400345677	Directional Survey **	Yes ☒	No ☐	
	DST Analysis	Yes ☐	No ☒	
	Logs	Yes ☒	No ☐	
	Other	Yes ☐	No ☒	

Other Attachments

Att Doc Num	Document Name	attached ?		
400345637	LAS-CEMENT BOND	Yes ☒	No ☐	
400345642	LAS-MUD	Yes ☒	No ☐	
400345697	DIRECTIONAL DATA	Yes ☒	No ☐	

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)