

FORM
5Rev
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:

400348191

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

4. Contact Name: Erin Joseph

2. Name of Operator: BARRETT CORPORATION* BILL

Phone: (303) 3128738

3. Address: 1099 18TH ST STE 2300

Fax: (303) 2910420

City: DENVER State: CO Zip: 80202

5. API Number 05-045-21112-00

6. County: GARFIELD

7. Well Name: Dixon Federal

Well Number: 11D-23-692

8. Location: QtrQtr: SWNW Section: 23 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 1495 feet Direction: FNL Distance: 342 feet Direction: FWL

As Drilled Latitude: 39.515756 As Drilled Longitude: -107.642505

GPS Data:

Date of Measurement: 08/13/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: James Kalmon

** If directional footage at Top of Prod. Zone Dist.: 194 feet. Direction: FNL Dist.: 650 feet. Direction: FWL

Sec: 23 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 202 feet. Direction: FNL Dist.: 645 feet. Direction: FWL

Sec: 23 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC15976

12. Spud Date: (when the 1st bit hit the dirt) 03/24/2012 13. Date TD: 06/12/2012 14. Date Casing Set or D&A: 03/24/2012

15. Well Classification:

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

16. Total Depth MD 7992 TVD** 7784 17 Plug Back Total Depth MD 7946 TVD** 7738

18. Elevations GR 5878 KB 5901

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, TRIPLE COMBO, MUD, TEMP

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
SURF	12+1/4	9+5/8	36	0	801	240	0	822	
1ST	7+7/8	4+1/2	11.6	2610	7,992	950	2,650	7,992	

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	
WILLIAMS FORK	4,003		<input type="checkbox"/>	<input type="checkbox"/>	
ILES	7,695		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 hour bradenhead pressure is 0 psig. Conductor was set with grout. 8 3/4" hole was drilled to 4713' 7 7/8" hole was used to TD. As drilled GPS was taken from conductor. Surface casing was set with air rig.

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

Signed: _____ Print Name: Erin Joseph

Title: Regulatory Analyst II

Date:

Email: ejoseph@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400348278	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"/>
<u>Other Attachments</u>					
400348277	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400349822	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400350081	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400350090	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400350101	LAS-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)