

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



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Document Number:

400352335

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: Julie Webb
2. Name of Operator: BARRETT CORPORATION* BILL	Phone: (303) 312-8707
3. Address: 1099 18TH ST STE 2300	Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-35732-00	6. County: WELD
7. Well Name: 70 Ranch	Well Number: 4-63-3-33H
8. Location: QtrQtr: NESE Section: 3 Township: 4N Range: 63W Meridian: 6	
Footage at surface: Distance: 1992 feet Direction: FSL	Distance: 426 feet Direction: FEL
As Drilled Latitude: 40.339490	As Drilled Longitude: -104.416390

GPS Data:

Data of Measurement: 12/04/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: Wyatt Hall

\*\* If directional footage at Top of Prod. Zone Dist.: 2247 feet. Direction: FSL Dist.: 749 feet. Direction: FEL

Sec: 3 Twp: 4N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 2144 feet. Direction: FSL Dist.: 760 feet. Direction: FWL

Sec: 3 Twp: 4N Rng: 63W

9. Field Name: WATTENBERG	10. Field Number: 90750
11. Federal, Indian or State Lease Number:	

12. Spud Date: (when the 1st bit hit the dirt) 10/14/2012	13. Date TD: 10/24/2012	14. Date Casing Set or D&A: 10/25/2012
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15. Well Classification:
<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation

16. Total Depth MD 10647 TVD** 6334	17 Plug Back Total Depth MD 10599 TVD** 6335
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18. Elevations GR 4541 KB 4565	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:
CBL, Gamma Ray, 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	45	0	80		0	80	CALC
SURF	13+1/2	9+5/8	36	0	828	380	0	828	CALC
1ST	8+3/4	7	26	0	6,613	405	294	6,622	CBL
1ST LINER	6+1/8	4+1/2	11.6	0	10,647				

### 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	6,268		<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 ?			
<u>Attachment Checklist</u>					
400355967	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400352350	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>					
400352344	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400352357	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400357474	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400357475	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400357476	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)