

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:

400350839

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 05-083-06656-00
6. County: MONTEZUMA
7. Well Name: KOSKIE Well Number: 16H-28-38-16
8. Location: QtrQtr: SESE Section: 28 Township: 38N Range: 16W Meridian: N
Footage at surface: Distance: 1035 feet Direction: FSL Distance: 205 feet Direction: FEL
As Drilled Latitude: 37.518553 As Drilled Longitude: -108.612058

GPS Data:

Data of Measurement: 06/04/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Cody Rich

** If directional footage at Top of Prod. Zone Dist.: 2245 feet. Direction: FNL Dist.: 891 feet. Direction: FEL

Sec: 28 Twp: 38N Rng: 16W

** If directional footage at Bottom Hole Dist.: 475 feet. Direction: FNL Dist.: 666 feet. Direction: FEL

Sec: 28 Twp: 38N Rng: 16W

9. Field Name: PEDRO 10. Field Number: 68258
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/29/2012 13. Date TD: 04/04/2012 14. Date Casing Set or D&A: 04/06/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9494 TVD** 5523 17 Plug Back Total Depth MD 9481 TVD** 5523

18. Elevations GR 6915 KB 6930
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, Gamma Ray

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	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	1,993	490	0	2,000	CALC
1ST	8+3/8	7	26	0	5,938	850	720	5,928	CBL
1ST LINER	6+1/8	4+1/2	11.6	0	9,494			9,494	CBL

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	
HERMOSA	4,075		<input type="checkbox"/>	<input type="checkbox"/>	
HOVENWEEP SHALE	5,457		<input type="checkbox"/>	<input type="checkbox"/>	
GOTHIC SHALE	5,716		<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			
400360277	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400350845	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			
400350850	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400360274	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400360275	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400360276	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)