

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:

400304910

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) 312-8707  
Fax: (303) 291-0420

5. API Number 05-033-06158-00  
6. County: DOLORES  
7. Well Name: Cox Well Number: 2S-12-39-18  
8. Location: QtrQtr: NWNE Section: 12 Township: 39N Range: 18W Meridian: N  
Footage at surface: Distance: 246 feet Direction: FNL Distance: 1926 feet Direction: FEL  
As Drilled Latitude: 37.660089 As Drilled Longitude: -108.780422

GPS Data:

Data of Measurement: 06/04/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: Cody Rich

\*\* If directional footage at Top of Prod. Zone Dist.: 705 feet. Direction: FNL Dist.: 1897 feet. Direction: FEL

Sec: 12 Twp: 39W Rng: 18W

\*\* If directional footage at Bottom Hole Dist.: 515 feet. Direction: FSL Dist.: 1984 feet. Direction: FEL

Sec: 12 Twp: 39W Rng: 18W

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) 03/13/2012 13. Date TD: 04/29/2012 14. Date Casing Set or D&A: 05/03/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10130 TVD\*\* 5859 17 Plug Back Total Depth MD 10122 TVD\*\* 5859

18. Elevations GR 6805 KB 6820

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:

Gamma Ray, 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	14	36	0	80		0	80	CALC
SURF	12+1/4	9+5/8	36	0	2,020	560	0	2,020	CALC
1ST	8+3/4	7	26	0	6,255	915	580	6,255	CBL
1ST LINER	6+1/8	4+1/2	11.6	0	10,125			10,125	

**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	
ISMAY	5,770		<input type="checkbox"/>	<input type="checkbox"/>	
HOVENWEEP SHALE	5,864		<input type="checkbox"/>	<input type="checkbox"/>	
GOTHIC SHALE	6,050		<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 ?	
<b><u>Attachment Checklist</u></b>			
400360310	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400304930	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"/>
<b><u>Other Attachments</u></b>			
400304940	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400360270	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400360271	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400360272	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)