

**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:

400352282

Date Received:

12/12/2012

**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) 312-8714

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-123-35734-00

6. County: WELD

7. Well Name: 70 Ranch

Well Number: 4-63-3-32H

8. Location: QtrQtr: NESE Section: 3 Township: 4N Range: 63W Meridian: 6

Footage at surface: Distance: 2014 feet Direction: FSL Distance: 427 feet Direction: FEL

As Drilled Latitude: 40.339550 As Drilled Longitude: -104.416390

## GPS Data:

Data of Measurement: 12/04/2012 PDOP Reading: 1.2 GPS Instrument Operator's Name: Wyatt Hall

\*\* If directional footage at Top of Prod. Zone Dist.: 2277 feet. Direction: FNL Dist.: 1015 feet. Direction: FEL

Sec: 3 Twp: 4N Rng: 63W

\*\* If directional footage at Bottom Hole Dist.: 2380 feet. Direction: FNL Dist.: 681 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) 10/26/2012 13. Date TD: 11/03/2012 14. Date Casing Set or D&amp;A: 11/05/2012

## 15. Well Classification:

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

16. Total Depth MD 10754 TVD\*\* 6330 17 Plug Back Total Depth MD 10702 TVD\*\* 3330

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.

## 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	26	16	45	0	80		0	80	CALC
SURF	13+1/2	9+5/8	36	0	822	380	0	822	CALC
1ST	8+3/4	7	26	0	6,695	650	310	9,637	CBL
1ST LINER	6+1/8	4+1/2	11.6	5784	10,750				

### 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	6,484		<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: 12/12/2012 Email: jwebb@billbarrettcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400355961	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400352302	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>					
400352282	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400352296	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400352309	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400357479	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400357480	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400357481	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Off hold input corrected footages per operator. Requested paper mud log.	1/17/2013 2:26:01 PM
Permit	On hold. Operator to verify footages.	1/9/2013 3:38:17 PM

Total: 2 comment(s)