

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

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DE ET OE ES

Document Number:

400382746

Date Received:

02/20/2013

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: Mary Pobuda

2. Name of Operator: BARRETT CORPORATION* BILL

Phone: (303) 312-8511

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33588-00

6. County: WELD

7. Well Name: Dutch Lake

Well Number: 11-13H

8. Location: QtrQtr: NWNW Section: 13 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 501 feet Direction: FNL Distance: 500 feet Direction: FWL

As Drilled Latitude: 40.493094 As Drilled Longitude: -104.278100

GPS Data:

Date of Measurement: 01/08/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: Zane Bullard

** If directional footage at Top of Prod. Zone Dist.: 908 feet. Direction: FNL Dist.: 678 feet. Direction: FWL

Sec: 13 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 607 feet. Direction: FSL Dist.: 704 feet. Direction: FWL

Sec: 13 Twp: 6N Rng: 62W

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) 10/26/2012 13. Date TD: 11/21/2012 14. Date Casing Set or D&A: 11/21/2012

15. Well Classification:

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

16. Total Depth MD 10515 TVD** 6317 17 Plug Back Total Depth MD 10454 TVD** 6313

18. Elevations GR 4692 KB 4716

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, Caliper, Density & TripleCombo (Quicklook).

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	42	0	80		0	102	CALC
SURF	13+1/2	9+5/8	36	0	854	380	0	882	CALC
1ST	8+3/4	7	26	0	6,781	640	410	6,790	CBL
1ST LINER	6+1/8	4+1/2	11.6	5679	10,500				

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	
SUSSEX	4,217		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,827		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,223		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,314		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note that the as-drilled SHL footages have been updated on this form 5 to reflect the actual location. The as built location plat from the surveyor is attached.

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

Signed: _____ Print Name: Mary Pobuda

Title: Permit Analyst Date: 2/20/2013 Email: mpobuda@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400382843	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400382842	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"/>
400382865	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400382746	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400382797	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400382798	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400382844	PDF-CALIPER	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400382850	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400382856	PDF-DENSITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400382858	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400382864	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400383244	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)