

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:  
400396632

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: Mary Pobuda  
Phone: (303) 312-8511  
Fax: (303) 291-0420

5. API Number 05-123-33543-01  
6. County: WELD  
7. Well Name: Dutch Lake Well Number: 23-35H  
8. Location: QtrQtr: NWNW Section: 35 Township: 6N Range: 62W Meridian: 6  
Footage at surface: Distance: 501 feet Direction: FNL Distance: 501 feet Direction: FWL  
As Drilled Latitude: 40.449869 As Drilled Longitude: -104.297806

GPS Data:

Date of Measurement: 03/13/2013 PDOP Reading: 1.6 GPS Instrument Operator's Name: Dave Swanson

\*\* If directional footage at Top of Prod. Zone Dist.: 677 feet. Direction: FNL Dist.: 629 feet. Direction: FWL

Sec: 35 Twp: 6N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 638 feet. Direction: FNL Dist.: 589 feet. Direction: FEL

Sec: 35 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) 01/16/2013 13. Date TD: 02/19/2013 14. Date Casing Set or D&A: 02/20/2013

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10600 TVD\*\* 6243 17 Plug Back Total Depth MD 10551 TVD\*\* 6243

18. Elevations GR 4673 KB 4689

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, Gamma Ray, Triple Combo, 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	42	0	76		0	76	CALC
SURF	13+1/4	9+5/8	36	0	830	344	0	835	CALC
1ST	8+2/4	7	26	0	6,398	620	706	6,760	CALC
1ST LINER	6+1/8	4+1/2	11.6	5026	10,595				CALC

**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	
SHARON SPRINGS	6,157		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,237		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The bottom hole footages indicated above are not indicative of the bottom of production which is at 639' FNL, 652' FEL. Please refer to the form 5A for additional details and the wellbore diagram.

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: \_\_\_\_\_ Email: mpobuda@billbarrettcorp.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400396738	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400396723	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>			
400396708	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400396709	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400396713	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400396715	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400396718	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400396739	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)