

FORM
5Rev
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:

400439026

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: Chrisitna Hirtler
 Phone: (303) 312-8597
 Fax:

5. API Number 05-123-37090-00
 6. County: WELD
 7. Well Name: Pappenheim
 Well Number: 6-62-26-0108BH
 8. Location: QtrQtr: SWSW Section: 23 Township: 6N Range: 62W Meridian: 6
 Footage at surface: Distance: 225 feet Direction: FSL Distance: 335 feet Direction: FWL
 As Drilled Latitude: 40.466350 As Drilled Longitude: -104.297420

GPS Data:

Data of Measurement: 06/19/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: 581 feet. Direction: FNL Dist.: 628 feet. Direction: FEL

Sec: 26 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) 04/23/2013 13. Date TD: 05/06/2013 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 10475 TVD** 6328 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4735 KB 4751 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:

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	65	0	60			60	CALC
SURF	13+1/2	9+5/8	36	0	800	414		825	CALC
1ST	8+3/4	7	26	0	6,781	600		6,790	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note that this well was sidetracked because actual downhole conditions differing from what was anticipated. BBC proceeded with an open-hole sidetrack on 5/6/13. Verbal approval to proceed was given by Ryan Hollinshead on 5/6/2013.

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

Signed: _____ Print Name: Christina Hirtler

Title: Administrative Assistant

Date:

Email: chirtler@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400439054	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400439055	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400439070	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)