

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:
400482698

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: Christina Hirtler
Phone: (303) 312-8597
Fax: (303) 291-0420

5. API Number 05-123-37265-00
6. County: WELD
7. Well Name: Pappenheim Well Number: 6-62-23-0659CH
8. Location: QtrQtr: NENW Section: 23 Township: 6N Range: 62W Meridian: 6
Footage at surface: Distance: 250 feet Direction: FNL Distance: 1999 feet Direction: FWL
As Drilled Latitude: 40.479610 As Drilled Longitude: -104.290900

GPS Data:
Date of Measurement: 08/30/2013 PDOP Reading: 4.8 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 526 feet. Direction: FNL Dist.: 1763 feet. Direction: FEL
Sec: 23 Twp: 6n Rng: 62w
** If directional footage at Bottom Hole Dist.: 735 feet. Direction: FSL Dist.: 1762 feet. Direction: FEL
Sec: 23 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) 05/17/2013 13. Date TD: 06/07/2013 14. Date Casing Set or D&A: 06/09/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 11006 TVD** 6384 17 Plug Back Total Depth MD 10958 TVD** 6336

18. Elevations GR 4699 KB 4715
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	24	16	65	0	60	50	0	60	CALC
SURF	13+1/2	9+5/8	36	0	838	402	0	845	CALC
1ST	8+3/4	7	26	0	6,499	610	850	6,508	CBL
1ST LINER	6+1/8	4+1/2	11.6	6067	11,004				

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	4,289		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,089		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,331		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,408		<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: Christina Hirtler

Title: Administrative Assistant Date: _____ Email: chirtler@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400483236	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"/>
Other Attachments			
400482770	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400482771	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400482775	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400482786	DIRECTIONAL DATA	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)