

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:

400496503

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 4. Contact Name: Venessa Langmacher  
2. Name of Operator: BARRETT CORPORATION\* BILL Phone: (303) 312-8172  
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-37266-00 6. County: WELD  
7. Well Name: Pappenheim Well Number: 6-62-23-0164BH  
8. Location: QtrQtr: NENW Section: 23 Township: 6N Range: 62W Meridian: 6  
Footage at surface: Distance: 251 feet Direction: FNL Distance: 1887 feet Direction: FWL  
As Drilled Latitude: 40.479610 As Drilled Longitude: -104.291820

GPS Data:

Date of Measurement: 08/30/2013 PDOP Reading: 2.8 GPS Instrument Operator's Name: Wyatt Hall

\*\* If directional footage at Top of Prod. Zone Dist.: 651 feet. Direction: FNL Dist.: 699 feet. Direction: FWL

Sec: 23 Twp: 6N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 664 feet. Direction: FSL Dist.: 759 feet. Direction: FWL

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) 05/26/2013 13. Date TD: 08/17/2013 14. Date Casing Set or D&A: 08/17/2013

15. Well Classification:

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

16. Total Depth MD 10735 TVD\*\* 6341 17 Plug Back Total Depth MD 10684 TVD\*\* 6290

18. Elevations GR 4698 KB 4721

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:

Radial Bond, GR, CCL, 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	65	0	82	50	0	82	
SURF	13+1/2	9+5/8	36	0	852		0	852	
1ST	8+3/4	7	26	0	6,812		600	6,812	
1ST LINER	6+1/8	4+1/2	11.6	5965	10,735				

### 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	
SHANNON	5,027		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,323		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,456		<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: Venessa Langmacher

Title: Sr Permit Analyst

Date: \_\_\_\_\_

Email: vlangmacher@billbarrettcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400496526	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400496525	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>					
400496519	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400496520	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400496523	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)