

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



DE ET OE ES

Document Number:

400557210

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 05-123-38343-00 6. County: WELD
7. Well Name: Anschutz State Well Number: 5-62-36-12
8. Location: QtrQtr: NENW Section: 36 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 1025 feet Direction: FNL Distance: 1820 feet Direction: FWL
As Drilled Latitude: 40.361297 As Drilled Longitude: -104.274092

GPS Data:

Data of Measurement: 02/19/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Greg Weimer

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

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: 9800.8

12. Spud Date: (when the 1st bit hit the dirt) 12/20/2013 13. Date TD: 01/21/2014 14. Date Casing Set or D&A: 01/22/2014

15. Well Classification:

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

16. Total Depth MD 8341 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4557 KB 4575

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:

Triple Combo, Mud and CBL

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
SURF	13+1/2	9+5/8	36	0	828	347	0	828	CBL
1ST	8+3/4	7	26	0	8,341	588	0	8,341	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	
NIOBRARA	5,995	5,995	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,244	6,244	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,330	6,330	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	6,590	6,590	<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	6,850	6,850	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	6,930	6,930	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	7,080	7,080	<input type="checkbox"/>	<input type="checkbox"/>	
LYONS	7,940	7,940	<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@billbarrettcop.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400557236	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" 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>		
400557230	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400557232	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400557235	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)