

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:
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:

Date 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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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

User Group **Comment** **Comment Date**

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Total: 0 comment(s)