

**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:

400562211

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: Mary Pobuda

2. Name of Operator: BARRETT CORPORATION\* BILL

Phone: (303) 312-8511

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-123-38055-00

6. County: WELD

7. Well Name: Anschutz State

Well Number: 5-62-35-6457BH

8. Location: QtrQtr: NWSW Section: 35 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 1470 feet Direction: FSL Distance: 250 feet Direction: FWL

As Drilled Latitude: 40.353061 As Drilled Longitude: -104.279797

## GPS Data:

Date of Measurement: 11/26/2013 PDOP Reading: 4.4 GPS Instrument Operator's Name: Loren Shanks

\*\* If directional footage at Top of Prod. Zone Dist.: 512 feet. Direction: FSL Dist.: 668 feet. Direction: FWL

Sec: 35 Twp: 5N Rng: 62W

\*\* If directional footage at Bottom Hole Dist.: 605 feet. Direction: FSL Dist.: 489 feet. Direction: FEL

Sec: 35 Twp: 5N Rng: 62W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 9799.8

12. Spud Date: (when the 1st bit hit the dirt) 11/01/2013 13. Date TD: 11/09/2013 14. Date Casing Set or D&amp;A: 11/10/2013

## 15. Well Classification:

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

16. Total Depth MD 10909 TVD\*\* 6109 17 Plug Back Total Depth MD 10909 TVD\*\* 6109

18. Elevations GR 4581 KB 4599

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, Gamma Ray, 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	60		0	60	CALC
SURF	13+1/2	9+5/8	36	0	855	390	0	865	CALC
1ST	8+3/4	7	26	0	6,600	6,011	2,822	6,635	CBL
1ST LINER	6+1/8	4+1/2	11.6	5792	10,889				

### 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	4,149		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,730		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,054		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,203		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note that the PBDT is the same as the TD because the production liner is not cemented.

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

Signed: \_\_\_\_\_

Print Name: Mary Pobuda

Title: Permit Analyst

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

Email: mpobuda@billbarrettcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400562374	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400562563	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>					
400562262	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400562264	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400562265	PDF-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400562269	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400562274	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400562320	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)