

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:
Data 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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)