

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.

Document Number:
400474057

Date Received:

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10071 Contact Name: Christina Hirtler

Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8597

Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

API Number 05-123-36899-00 County: WELD

Well Name: CVR Well Number: 5-63-32-3340BH

Location: QtrQtr: NWSW Section: 32 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 2304 feet Direction: FSL Distance: 230 feet Direction: FWL

As Drilled Latitude: 40.355000 As Drilled Longitude: -104.468650

GPS Data:
Date of Measurement: 07/20/2013 PDOP Reading: 2.0 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 2485 feet. Direction: FSL Dist.: 503 feet. Direction: FWL
Sec: 32 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 2603 feet. Direction: FSL Dist.: 894 feet. Direction: FEL
Sec: 32 Twp: 5N Rng: 63W

Field Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/04/2013 Date TD: 05/15/2013 Date Casing Set or D&A: 05/15/2013

Rig Release Date: 07/22/2013 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 10566 TVD** 6378 Plug Back Total Depth MD 10513 TVD** 6325

Elevations GR 4578 KB 4683 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
MWD/LWD, CBL, MUD

CASING, LINER AND CEMENT

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	50	0	60	CALC
SURF	13+1/12	9+5/8	36	0	834	390	0	845	CALC
1ST	8+3/4	7	26	0	6,401	585	518	6,422	CALC
1ST LINER	6+1/8	4+1/2	11.60	5887	10,560	0	0	10,570	

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	6,226				
NIOBRARA	6,297				

Comment:

Form 5 was returned to draft on 1/2/17 for operator to upload logs.

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

Signed: _____ Print Name: Christina Hirtler

Title: Administrative Assistant Date: _____ Email: chirtler@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400474202	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400474203	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			
400474200	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400474256	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401176534	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401176536	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401176553	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401176556	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401176573	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)