

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

2590497

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: ELAINE WINICK
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8168
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-083-06674-00 6. County: MONTEZUMA
7. Well Name: ROSE Well Number: 2S-29-38-16
8. Location: QtrQtr: NWNE Section: 29 Township: 38N Range: 16W Meridian: N
Footage at surface: Distance: 250 feet Direction: FNL Distance: 1630 feet Direction: FEL
As Drilled Latitude: 37.529170 As Drilled Longitude: -108.635190

GPS Data:

Data of Measurement: 09/13/2010 PDOP Reading: 1.9 GPS Instrument Operator's Name: R. CAFFEU

** If directional footage at Top of Prod. Zone Dist.: 312 feet. Direction: FNL Dist.: 1728 feet. Direction: FEL
Sec: 29 Twp: 38N Rng: 16W
** If directional footage at Bottom Hole Dist.: 501 feet. Direction: FSL Dist.: 1989 feet. Direction: FEL
Sec: 29 Twp: 38N Rng: 16W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/24/2010 13. Date TD: 06/21/2010 14. Date Casing Set or D&A: 06/25/2010

15. Well Classification:

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

16. Total Depth MD 10200 TVD** 5866 17 Plug Back Total Depth MD 10132 TVD** 5864

18. Elevations GR 7027 KB 7045

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:

GAMMA RAY, CALIPER

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	26	16		0	80		0	80	CALC
SURF	12+1/4	9+5/8		0	2,023	640	0	2,050	CALC
1ST	6+1/8	4+1/2		0	10,178	1,360	0	10,200	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
CHINLE	1,635		<input type="checkbox"/>	<input type="checkbox"/>	
HERMOSA	3,958		<input type="checkbox"/>	<input type="checkbox"/>	
ISMAY	5,537		<input type="checkbox"/>	<input type="checkbox"/>	
HOVENWEEP SHALE	5,581		<input type="checkbox"/>	<input type="checkbox"/>	
GOTHIC SHALE	5,687		<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: ELAINE WINICK

Title: PERMIT ANALYST Date: 10/22/2010 Email: EWINICK@BILLBARRETTCORP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2590498	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072192	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2072184	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2590497	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	rec MWD GR log	3/29/2011 7:19:36 AM
Permit	rec D/S profile, waiting on logs	2/23/2011 9:00:03 AM
Permit	REC PLAT, UNABLE TO FIND ONE IN SCANNED DOCS	2/18/2011 12:11:01 PM
Permit	req digital & hard copy logs, D/S profile, plat.	2/18/2011 9:12:37 AM

Total: 4 comment(s)