

**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:

400263371

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: Megan Finnegan

2. Name of Operator: BARRETT CORPORATION* BILL

Phone: (303) 299-9949

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20128-00

6. County: GARFIELD

7. Well Name: CBS

Well Number: 42B-21-692

8. Location: QtrQtr: SWNE Section: 21 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 1840 feet Direction: FNL Distance: 2497 feet Direction: FEL

As Drilled Latitude: 39.514559 As Drilled Longitude: -107.671213

GPS Data:

Data of Measurement: 11/15/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

** If directional footage at Top of Prod. Zone Dist.: 2151 feet. Direction: FNL Dist.: 655 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 2163 feet. Direction: FNL Dist.: 670 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/09/2011 13. Date TD: 12/05/2011 14. Date Casing Set or D&A: 12/08/2011

15. Well Classification:

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

16. Total Depth MD 7997 TVD** 7556 17 Plug Back Total Depth MD 7944 TVD** 7506

18. Elevations GR 5744 KB 5766

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, Triple Combo, 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 | 14 | 36 | 0 | 40 | | 0 | 40 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 845 | 240 | 0 | 862 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,992 | 800 | 5,270 | 7,997 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/pref 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 | |
| WILLIAMS FORK | 3,973 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,776 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

The 72 Hour Bradenhead Pressure Test was 0 psig. Conductor was cemented with grout. 8 1/2 hole size was used to drill from the bottom of surface casing to 5564' then 7 7/8 was drilled to TD.

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

Signed: _____

Print Name: Megan Finnegan

Title: Permit Analyst

Date:

Email: mfinnegan@billbarrettcorp.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400263417 | 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> | | | | | |
| 400263394 | LAS-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400263397 | LAS-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400263401 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400265411 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General CommentsUser GroupCommentComment Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)