

FORM
5Rev
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:

400327714

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 05-045-21098-00

6. County: GARFIELD

7. Well Name: Dixon Federal

Well Number: 42A-22-692

8. Location: QtrQtr: SWNW Section: 23 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 1505 feet Direction: FNL Distance: 334 feet Direction: FWL

As Drilled Latitude: 39.515728 As Drilled Longitude: -107.642533

GPS Data:

Data of Measurement: 03/22/2012 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

** If directional footage at Top of Prod. Zone Dist.: 2520 feet. Direction: FNL Dist.: 657 feet. Direction: FEL

Sec: 22 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 2529 feet. Direction: FNL Dist.: 651 feet. Direction: FEL

Sec: 22 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC15976

12. Spud Date: (when the 1st bit hit the dirt) 03/29/2012 13. Date TD: 06/01/2012 14. Date Casing Set or D&A: 06/02/2012

15. Well Classification:

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

16. Total Depth MD 7955 TVD** 7703 17 Plug Back Total Depth MD 7906 TVD** 7654

18. Elevations GR 5878 KB 5901

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, Temp

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	801	240	0	822	CALC
1ST	7+7/8	4+1/2	11.6	0	7,953	950	2,850	7,955	CBL

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	
WILLIAMS FORK	3,963		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,649		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 Hour Bradenhead Pressure Test was 0 psig. Conductor was cemented with grout. 8 3/4" hole was used to drill from the bottom of surface casing to 4525' then 7 7/8" hole size was drilled to TD. As drilled GPS is taken from conductor. Surface casing is set with air rig.

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"/>
400327820	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>					
400327822	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400327841	LAS-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400327842	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400327843	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400328882	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)