

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:

400342481

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: Julie Webb

2. Name of Operator: BARRETT CORPORATION\* BILL

Phone: (303) 312-8714

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20870-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: 13D-34-691

8. Location: QtrQtr: SESE Section: 33 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 662 feet Direction: FSL Distance: 1118 feet Direction: FEL

As Drilled Latitude: 39.479218 As Drilled Longitude: -107.553356

## GPS Data:

Data of Measurement: 06/04/2012 PDOP Reading: 6.0 GPS Instrument Operator's Name: T Barnett

\*\* If directional footage at Top of Prod. Zone Dist.: 2557 feet. Direction: FSL Dist.: 644 feet. Direction: FWL  
Sec: 34 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 2560 feet. Direction: FSL Dist.: 634 feet. Direction: FWL  
Sec: 34 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC066718

12. Spud Date: (when the 1st bit hit the dirt) 12/17/2011 13. Date TD: 07/29/2012 14. Date Casing Set or D&amp;A: 07/29/2012

## 15. Well Classification:

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

16. Total Depth MD 8880 TVD\*\* 8082 17 Plug Back Total Depth MD 8833 TVD\*\* 8035

18. Elevations GR 6748 KB 6771

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, Mud, Temp, Triple Combo

## 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	901	250	0	912	CALC
1ST	7+7/8	4+1/2	11.6	0	8,879	1,050	3,650	8,880	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	4,742		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,536		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 hr bradenhead pressure is 0 psig. Conductor was set with Grout. 8-3/4" hole size was used from bottom of surface casing to 6343' and then 7-7/8" was used to TD. As Drilled GPS 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: Julie Webb

Title: Permit Analyst

Date:

Email: jwebb@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"/>
400342494	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>					
400342498	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400342499	LAS-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400342504	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400342505	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400345090	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**User GroupCommentComment Date

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Total: 0 comment(s)