

FORM
5
Rev
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:
400369985

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
2. Name of Operator: BARRETT CORPORATION* BILL
3. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202
4. Contact Name: Mary Pobuda
Phone: (303) 312-8511
Fax: (303) 291-0420

5. API Number 05-123-33450-00
6. County: WELD
7. Well Name: Dutch Lake Well Number: 09-11H
8. Location: QtrQtr: SESW Section: 11 Township: 6N Range: 62W Meridian: 6
Footage at surface: Distance: 502 feet Direction: FSL Distance: 1800 feet Direction: FWL
As Drilled Latitude: 40.495811 As Drilled Longitude: -104.292017

GPS Data:
Date of Measurement: 01/08/2013 PDOP Reading: 2.5 GPS Instrument Operator's Name: Dallas Neilsen

** If directional footage at Top of Prod. Zone Dist.: 828 feet. Direction: FSL Dist.: 1930 feet. Direction: FWL
Sec: 11 Twp: 6N Rng: 62W
** If directional footage at Bottom Hole Dist.: 668 feet. Direction: FNL Dist.: 1848 feet. Direction: FWL
Sec: 11 Twp: 6N Rng: 62W

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) 10/23/2013 13. Date TD: 11/06/2012 14. Date Casing Set or D&A: 11/09/2013

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

16. Total Depth MD 10682 TVD** 6393 17 Plug Back Total Depth MD 10636 TVD** 6393

18. Elevations GR 4719 KB 4743
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, Gamma Ray

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	16	21	0	102		0	102	CALC
SURF	13+1/2	9+5/8	36	0	823	399	0	853	CALC
1ST	8+3/4	7	26	0	6,780	590	0	6,790	CALC
1ST LINER	6+1/8	4+1/2	11.6	5809	10,682				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	
SUSSEX	4,203		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,928		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,218		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,379		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note that the as-drilled SHL footages have been updated on this form 5 to reflect the actual location. The as built location plat from the surveyor is attached.

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

Signed: _____ Print Name: Mary Pobuda

Title: Permit Analyst Date: _____ Email: mpobuda@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400370018	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400372175	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			
400370004	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400370005	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400370013	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400370015	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400370021	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400372174	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)