

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:

400371171

Date Received:

01/17/2013

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 05-123-33588-00
6. County: WELD
7. Well Name: Dutch Lake Well Number: 11-13H
8. Location: QtrQtr: NWNW Section: 13 Township: 6N Range: 62W Meridian: 6
Footage at surface: Distance: 501 feet Direction: FNL Distance: 500 feet Direction: FWL
As Drilled Latitude: 40.493094 As Drilled Longitude: -104.278100

GPS Data:

Date of Measurement: 01/08/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: Zane Bullard

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 10/26/2012 13. Date TD: 11/21/2012 14. Date Casing Set or D&A: 11/23/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10515 TVD** 6317 17 Plug Back Total Depth MD 10454 TVD** 6314

18. Elevations GR 4692 KB 4716
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 | 42 | 0 | 102 | | 0 | 102 | CALC |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 854 | 380 | 0 | 882 | CALC |
| 1ST | 8+3/4 | 7 | 26 | 0 | 6,781 | 640 | 0 | 6,790 | CALC |
| 1ST LINER | 6+1/8 | 4+1/2 | 11.6 | 5775 | 10,515 | | | | |

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 | 4,217 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,827 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 6,223 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,314 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

The completion operations for this well have been delayed due to a stuck liner hanger. This issue has been resolved and completions can begin. A final form 5 will be submitted once the top of production is recognized. Please note that the as-drilled SHL footages have been updated on this preliminary 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: 1/17/2013 Email: mpobuda@billbarrettcorp.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 400371216 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400371218 | 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 | | | |
| 400371171 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400371207 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400371210 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400371211 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400371214 | LAS-GAMMA RAY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400371219 | PLAT | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400371223 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)