

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:

400415384

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

5. API Number 05-123-33650-00 6. County: WELD
7. Well Name: Greasewood Well Number: 10-20H
8. Location: QtrQtr: NWNW Section: 20 Township: 6N Range: 61W Meridian: 6
Footage at surface: Distance: 500 feet Direction: FNL Distance: 505 feet Direction: FWL
As Drilled Latitude: 40.479419 As Drilled Longitude: -104.241036

GPS Data:

Data of Measurement: 04/04/2013 PDOP Reading: 1.8 GPS Instrument Operator's Name: Robert Kay

** If directional footage at Top of Prod. Zone Dist.: 682 feet. Direction: FNL Dist.: 512 feet. Direction: FWL

Sec: 20 Twp: 6N Rng: 61W

** If directional footage at Bottom Hole Dist.: 613 feet. Direction: FNL Dist.: 597 feet. Direction: FEL

Sec: 20 Twp: 6N Rng: 61W

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) 02/23/2013 13. Date TD: 03/10/2013 14. Date Casing Set or D&A: 03/11/2013

15. Well Classification:

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

16. Total Depth MD 10670 TVD** 6204 17 Plug Back Total Depth MD 10614 TVD** 6204

18. Elevations GR 4663 KB 4679

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	60		0	60	CALC
SURF	13+1/2	9+5/8	36	0	830	440	0	840	CALC
1ST	8+3/4	7	26	0	6,296	590	1,910	6,424	CBL
1ST LINER	6+1/8	4+1/2	11.6	5586	10,660				

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	4,075		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,990		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,109		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,117		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SHL footages have been updated. An as built plat 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 ?			
<u>Attachment Checklist</u>					
400417912	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400417911	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>					
400417902	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417903	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417904	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400417974	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400418490	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400419728	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)