

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:

400422119

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 05-123-33406-00 6. County: WELD
7. Well Name: Dutch Lake Well Number: 17-25H
8. Location: QtrQtr: NWNW Section: 25 Township: 6N Range: 62W Meridian: 6
Footage at surface: Distance: 501 feet Direction: FNL Distance: 501 feet Direction: FWL
As Drilled Latitude: 40.464536 As Drilled Longitude: -104.278825

GPS Data:

Date of Measurement: 05/30/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Dallas Nielsen

** If directional footage at Top of Prod. Zone Dist.: 752 feet. Direction: FNL Dist.: 669 feet. Direction: FWL

Sec: 25 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 560 feet. Direction: FSL Dist.: 545 feet. Direction: FWL

Sec: 25 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) 04/03/2013 13. Date TD: 04/16/2013 14. Date Casing Set or D&A: 04/12/2013

15. Well Classification:

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

16. Total Depth MD 10651 TVD** 6223 17 Plug Back Total Depth MD 10600 TVD** 6224

18. Elevations GR 4671 KB 4686 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	65	0	60		0	60	CALC
SURF	13+1/2	9+5/8	36	0	836	452	0	850	CALC
1ST	8+3/4	7	23	0	6,678	600	1,258	6,690	CBL
1ST LINER	6+1/8	4+1/2	11.6	5683	10,646				

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	4,240		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,725		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,295		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,459		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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>					
400428028	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400428026	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>					
400422578	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400427980	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400428004	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400428005	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400428006	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)