

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



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Document Number:

400482797

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: Christina Hirtler

2. Name of Operator: BARRETT CORPORATION* BILL

Phone: (303) 312-8597

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-123-37264-00

6. County: WELD

7. Well Name: Pappenheim

Well Number: 6-62-23-0560BH

8. Location: QtrQtr: NENW Section: 23 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 250 feet Direction: FNL Distance: 1977 feet Direction: FWL

As Drilled Latitude: 40.479610 As Drilled Longitude: -104.291490

GPS Data:

Data of Measurement: 08/30/2013 PDOP Reading: 2.9 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 708 feet. Direction: FNL Dist.: 2327 feet. Direction: FEL

Sec: 23 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 687 feet. Direction: FSL Dist.: 2269 feet. Direction: FEL

Sec: 23 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) 05/17/2013 13. Date TD: 06/21/2013 14. Date Casing Set or D&A: 06/21/2013

15. Well Classification:

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

16. Total Depth MD 10747 TVD** 6305 17 Plug Back Total Depth MD 10698 TVD** 6256

18. Elevations GR 4699 KB 4715

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:

MUD, 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	16	65	0	60	50	0	60	CALC
SURF	13+1/2	9+5/8	36	0	835	345	0	845	CALC
1ST	8+3/4	7	26	0	6,760	645	1,126	6,787	CBL
1ST LINER	6+1/8	4+1/2	11.6	5881	10,742				

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	454		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,972		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,236		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,364		<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: Christina Hirtler

Title: Administrative Assistant Date: _____ Email: chirtler@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"/>
400483369	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>					
400483345	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483347	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483349	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483352	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)