

**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:

400483376

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 05-123-37263-00

6. County: WELD

7. Well Name: Pappenheim

Well Number: 6-62-23-0461BH

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

Footage at surface: Distance: 250 feet Direction: FNL Distance: 1954 feet Direction: FWL

As Drilled Latitude: 40.479610 As Drilled Longitude: -104.291570

GPS Data:

Date of Measurement: 08/30/2013 PDOP Reading: 4.8 GPS Instrument Operator's Name: Wyatt Hall

** If directional footage at Top of Prod. Zone Dist.: 629 feet. Direction: FNL Dist.: 2317 feet. Direction: FWL

Sec: 23 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 654 feet. Direction: FSL Dist.: 2277 feet. Direction: FWL

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: 07/04/2013 14. Date Casing Set or D&A: 07/04/2013

15. Well Classification:

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

16. Total Depth MD 10664 TVD** 6292 17 Plug Back Total Depth MD 10612 TVD** 6240

18. Elevations GR 4698 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	834	365	0	845	CALC
1ST	8+3/4	7	26	0	6,651	595	1,156	6,680	CALC
1ST LINER	6+1/8	4+1/2	11.6	5532	10,659				

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	4,135		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,885		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,148		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,235		<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"/>
400483414	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>					
400483407	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483409	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483411	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400483416	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)