

FORM
5Rev
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:

400491710

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 05-123-34227-00

6. County: WELD

7. Well Name: ANSCHUTZ WINDMILL

Well Number: 07-26H

8. Location: QtrQtr: NWNW Section: 26 Township: 5N Range: 62W Meridian: 6

Footage at surface: Distance: 600 feet Direction: FNL Distance: 600 feet Direction: FWL

As Drilled Latitude: 40.376547 As Drilled Longitude: -104.298156

GPS Data:

Date of Measurement: 08/23/2013 PDOP Reading: 1.2 GPS Instrument Operator's Name: Jeremy Harris

** If directional footage at Top of Prod. Zone Dist.: 517 feet. Direction: FNL Dist.: 527 feet. Direction: FWL

Sec: 26 Twp: 5n Rng: 62w

** If directional footage at Bottom Hole Dist.: 507 feet. Direction: FNL Dist.: 507 feet. Direction: FEL

Sec: 26 Twp: 5N Rng: 62W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 9796.8

12. Spud Date: (when the 1st bit hit the dirt) 07/19/2013 13. Date TD: 08/13/2013 14. Date Casing Set or D&A: 08/13/2013

15. Well Classification:

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

16. Total Depth MD 10936 TVD** 6197 17 Plug Back Total Depth MD 10871 TVD** 6132

18. Elevations GR 4641 KB 4657

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:

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	832	314		846	CALC
1ST	8+3/4	7	26	0	6,531	570	3,530	6,544	CBL
1ST LINER	6+1/8	4+1/2	11.6	5818	10,915				

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	
SHANNON	5,141		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,027		<input type="checkbox"/>	<input type="checkbox"/>	
J-NIOBRARA	6,157		<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: Permit Analyst

Date: _____

Email: chirtler@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400491836	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400491832	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>					
400491827	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400491828	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)