

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



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Document Number:

400492479

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: Erin Joseph

2. Name of Operator: BARRETT CORPORATION* BILL

Phone: (303) 3128738

3. Address: 1099 18TH ST STE 2300

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-045-21102-00

6. County: GARFIELD

7. Well Name: Dixon Federal

Well Number: 12B-23-692

8. Location: QtrQtr: SWNW Section: 23 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 1505 feet Direction: FNL Distance: 350 feet Direction: FWL

As Drilled Latitude: 39.515729 As Drilled Longitude: -107.642476

GPS Data:

Data of Measurement: 08/13/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: James Kalmon

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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

Sec: Twp: Rng:

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC15976

12. Spud Date: (when the 1st bit hit the dirt) 03/30/2012 13. Date TD: 03/30/2012 14. Date Casing Set or D&A: 03/30/2012

15. Well Classification:

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

16. Total Depth MD 822 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5964 KB 5987

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:

None

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 | 14 | 36 | 0 | 62 | | 0 | 62 | VISU |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 822 | 137 | 0 | 822 | VISU |

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 | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Erin Joseph

Title: Sr Regulatory Analyst Date: _____ Email: ejoseph@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"/> |
| | Directional Survey ** | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | Logs | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | |

Total: 0 comment(s)