

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:

400514904

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 05-123-37756-00

6. County: WELD

7. Well Name: Hawkins

Well Number: 5-61-21-3340BH

8. Location: QtrQtr: NWSW Section: 21 Township: 5N Range: 61W Meridian: 6

Footage at surface: Distance: 1404 feet Direction: FSL Distance: 301 feet Direction: FWL

As Drilled Latitude: 40.383010 As Drilled Longitude: -104.222561

GPS Data:

Data of Measurement: 10/22/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Jeff Odor

** If directional footage at Top of Prod. Zone Dist.: 2360 feet. Direction: FSL Dist.: 538 feet. Direction: FWL

Sec: 21 Twp: 5N Rng: 61W

** If directional footage at Bottom Hole Dist.: 2251 feet. Direction: FSL Dist.: 482 feet. Direction: FEL

Sec: 21 Twp: 5N Rng: 61W

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) 08/10/2013 13. Date TD: 09/10/2013 14. Date Casing Set or D&A: 09/10/2013

15. Well Classification:

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

16. Total Depth MD 10799 TVD** 6081 17 Plug Back Total Depth MD 10801 TVD** 6083

18. Elevations GR 4665 KB 4683

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	26	16	65	0	60		60		CALC
SURF	13+1/2	9+5/8	36	0	846	402		858	CALC
1ST	8+3/4	7	26	0	6,361	955	3,340	6,375	CBL
1ST LINER	6+1/8	4+1/2	11.6	5696	10,845				

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	4,001		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,666		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,036		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,176		<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>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400514950	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>					
400514929	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400514931	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400514934	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400514943	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)