

Document Number:
400540700

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: Mary Pobuda
 2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8511
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-12706-00 6. County: WELD
 7. Well Name: INDIAN TREE Well Number: 1
 8. Location: QtrQtr: NENE Section: 9 Township: 6N Range: 66W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 800 feet Direction: FEL
 As Drilled Latitude: 40.508270 As Drilled Longitude: -104.776360

GPS Data:
 Date of Measurement: 01/01/1999 PDOP Reading: 1.1 GPS Instrument Operator's Name: John Doe

** 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: EATON 10. Field Number: 19350
 11. Federal, Indian or State Lease Number: 55794

12. Spud Date: (when the 1st bit hit the dirt) 10/24/1985 13. Date TD: 10/30/1985 14. Date Casing Set or D&A: 11/27/1985

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7449 TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 4861 KB 4861 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

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
SURF	12+1/4	9+5/8	24	0	284	300	0	284	CALC
1ST	6+1/8	4+1/2	11.6	0	7,443	175	6,484	7,443	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,263	100	1,030	1,250
1 INCH	1ST			150	350

Details of work:

11-12-03 Squeezed HIC's w/ 100 sx, 26 bbls, thixotropic, 12% cal-seal, 12.9 ppg

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	4,410		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,926		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,993		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,290		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,312		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,333		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,364		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Bill Barrett Corporation (BBC) aquired this well from Texas American Resources in 2011. This form 5 is being submitted to provide information on a cement squeeze that was performed by the former operator on 11/12/03. BBC recently ran a CBL (attached) to confirm the information in this submittal is accurate.

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

Signed: _____ Print Name: Mary Pobuda

Title: Permit Analyst Date: _____ Email: mpobuda@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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400541822	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)