

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:
400561121

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 05-123-14000-00 6. County: WELD
 7. Well Name: LUCAS SCHOOL Well Number: 34-9
 8. Location: QtrQtr: SWSE Section: 9 Township: 6N Range: 66W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FSL Distance: 1840 feet Direction: FEL
 As Drilled Latitude: 40.497350 As Drilled Longitude: -104.779930

GPS Data:
 Date of Measurement: 05/15/2013 PDOP Reading: 1.7 GPS Instrument Operator's Name: Wyat Hall

** If directional footage at Top of Prod. Zone Dist.: 660 feet. Direction: FSL Dist.: 1840 feet. Direction: FEL
 Sec: 9 Twp: 6N Rng: 66W

** If directional footage at Bottom Hole Dist.: 660 feet. Direction: FSL Dist.: 1840 feet. Direction: FEL
 Sec: 9 Twp: 6N Rng: 66W

9. Field Name: EATON 10. Field Number: 19350
 11. Federal, Indian or State Lease Number: 56026

12. Spud Date: (when the 1st bit hit the dirt) 07/10/1988 13. Date TD: 07/15/1988 14. Date Casing Set or D&A: 07/20/1988

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

16. Total Depth MD 7393 TVD** 7393 17 Plug Back Total Depth MD 7320 TVD** 7320

18. Elevations GR 4782 KB 4795 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+1/2	8+5/8	24	0	302	175	0	302	CALC
1ST	7+7/8	4+1/2	111.6	0	7,393	220	6,384	7,393	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	748	226	0	754

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	
FORT HAYS	7,204	7,223	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA-FT HAYS-CODELL	7,226	7,246	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

BBC is submitting this Form 5 to verify compliance with the remedial cement plan. This well was remediated as per COA of a nearby horizontal well.

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 ?	
Attachment Checklist			
400562139	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
400562138	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)