

Document Number:  
400593968

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 05-001-09785-00 6. County: ADAMS  
 7. Well Name: State of CO Well Number: 1S-66-36-1609CH  
 8. Location: QtrQtr: NWNW Section: 36 Township: 1S Range: 66W Meridian: 6  
 Footage at surface: Distance: 1313 feet Direction: FNL Distance: 299 feet Direction: FWL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:  
 Date of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: 1346 feet. Direction: FNL Dist.: 86 feet. Direction: FWL  
 Sec: 36 Twp: 1S Rng: 66W  
 \*\* If directional footage at Bottom Hole Dist.: 1346 feet. Direction: FNL Dist.: 86 feet. Direction: FWL  
 Sec: 36 Twp: 1S Rng: 66W

9. Field Name: THIRD CREEK 10. Field Number: 81800  
 11. Federal, Indian or State Lease Number: 68-56005

12. Spud Date: (when the 1st bit hit the dirt) 02/02/2014 13. Date TD: 03/28/2014 14. Date Casing Set or D&A: 02/04/2014

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

16. Total Depth MD 7180 TVD\*\* 7172 17 Plug Back Total Depth MD 7180 TVD\*\* 7172

18. Elevations GR 5180 KB 5200  
 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:  
Mud and 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        | 13+1/2       | 9+5/8          | 36    | 0             | 1,501         | 470       | 0       | 1,520   | CALC   |

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

| Method used | String    | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|-----------|-----------------------------------|---------------|------------|---------------|
|             | OPEN HOLE |                                   | 225           | 1,639      | 2,100         |
|             | OPEN HOLE |                                   | 182           | 3,100      | 3,600         |

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:

Please note that this well was sidetracked because of a fish in the hole. Actual KOP for the sidetrack was 1629 feet. Spud on form 42 is 1/30/14, actual spud date is 2/2/14. No conductor was set.

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@blbarretcorp.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?                              |  |
|-----------------------------|-----------------------|---|--|
| <b>Attachment Checklist</b> |                       |   |  |
| 400597758                   | CMT Summary *         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                             | Core Analysis         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400597756                   | 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"/> |
| <b>Other Attachments</b>    |                       |   |  |
| 400594099                   | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400594102                   | LAS-MUD               | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400597749                   | DIRECTIONAL DATA      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)