



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:
400545881

Date Received:
01/27/2014

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 05-123-38490-00 6. County: WELD
 7. Well Name: Pappenheim Well Number: 6-62-27-1724BH
 8. Location: QtrQtr: SWNW Section: 27 Township: 6N Range: 62W Meridian: 6
 Footage at surface: Distance: 1439 feet Direction: FNL Distance: 300 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.: _____ 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: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/12/2014 13. Date TD: _____ 14. Date Casing Set or D&A: _____

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

16. Total Depth MD 811 TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 4750 KB 4770 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:

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 | 811 | 349 | 0 | 811 | CALC |

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:

A small rig was used to set surface casing on 1/12/2014. The drilling rig is estimated to begin drilling in August 2014. Completion operations are scheduled to begin in September 2014.

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: 1/27/2014 Email: chirtler@billbarrettcop.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 2157625 | 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400545881 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---|--------------------------|
| Permit | Oper. submitted correct casing info and cmt. tkt. | 4/10/2014 10:41:47 AM |
| Permit | Corrected TD and re-req'd cmt. tkt. | 4/9/2014 9:04:15 AM |
| Permit | TD incorrect. This well has only drilled to surface casing setting depth. | 3/13/2014 10:38:46 AM |
| Permit | REq'd surface cement tkt. | 2/4/2014 6:50:03 AM |

Total: 4 comment(s)