

FORM
5Rev
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:

400648485

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 05-123-39050-00

6. County: WELD

7. Well Name: Anschutz Equus Farms

Well Number: 4-62-9-1724CH2

8. Location: QtrQtr: SWNW Section: 9 Township: 4N Range: 62W Meridian: 6

Footage at surface: Distance: 1324 feet Direction: FNL Distance: 205 feet Direction: FWL

As Drilled Latitude: 40.330325 As Drilled Longitude: -104.338981

GPS Data:

Data of Measurement: 07/16/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Darren Shanks

** If directional footage at Top of Prod. Zone Dist.: 1324 feet. Direction: FNL Dist.: 205 feet. Direction: FWL

Sec: 9 Twp: 4N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1324 feet. Direction: FNL Dist.: 205 feet. Direction: FWL

Sec: 9 Twp: 4N Rng: 62W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/03/2014 13. Date TD: 06/16/2014 14. Date Casing Set or D&A: 06/12/2014

15. Well Classification:

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

16. Total Depth MD 11905 TVD** 6208 17 Plug Back Total Depth MD 11905 TVD** 6208

18. Elevations GR 4523 KB 4539

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:

MWD & Mud

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+3/4	9+5/8	36	0	842	345	0	842	CALC
1ST	8+3/4	7	26	16	6,759	600	0	6,775	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:

Spud on form 42 is 6/3/2014, actual spud is 6/6/2014. No conductor casing 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@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400648525	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400648524	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>			
400648510	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400648511	LAS-GAMMA RAY	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)