

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



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

Document Number:
400646219

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: <u>10071</u>	4. Contact Name: <u>Christina Hirtler</u>
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 312-8597</u>
3. Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>(303) 291-0420</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-39299-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Fiducial</u>	Well Number: <u>6-62-34-1609BH2</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>34</u> Township: <u>6N</u> Range: <u>62W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1916</u> feet Direction: <u>FNL</u> Distance: <u>350</u> feet Direction: <u>FWL</u>	
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: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

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

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

16. Total Depth MD 16147 TVD** 6297 17 Plug Back Total Depth MD 16147 TVD** 6297

18. Elevations GR 4710 KB 4732 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+1/3	9+5/8	36	0	823	409	0	830	CALC
1ST	8+3/4	7	26	22	6,575	570		6,730	CALC
1ST LINER	6+1/8	4+1/2	11.60	5824	16,127				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	
SHARON SPRINGS	6,239		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,340		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well has not been completed yet, completions operations are scheduled to began on 8/25/2014
 Spud on form 42 is 6/8/2014, actual spud is 6/13/2014
 No Conductor casing was set
 CBL to be run by completions, expected completion date is: 8/25/2014
 As-built data to be precided on the Final Form 5

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: _____ Email: chirtler@billbarrettcop.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400649552	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			
400646318	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400646319	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400646323	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400646333	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400646335	LAS-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400646407	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400646409	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400646411	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400646414	PDF-Measurement/Logging While Drilling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400649550	DIRECTIONAL DATA	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)