

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:
400574640

Date Received:
03/20/2014

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
2. Name of Operator: BARRETT CORPORATION* BILL
3. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202
4. Contact Name: Venessa Langmacher
Phone: (303) 312-8172
Fax: (303) 291-0420

5. API Number 05-123-37710-00
6. County: WELD
7. Well Name: Merritt
Well Number: 6-66-9-0659BH
8. Location: QtrQtr: NWNE Section: 9 Township: 6N Range: 66W Meridian: 6
Footage at surface: Distance: 260 feet Direction: FNL Distance: 2110 feet Direction: FEL
As Drilled Latitude: 40.509320 As Drilled Longitude: -104.781030

GPS Data:
Date of Measurement: 02/26/2014 PDOP Reading: 3.8 GPS Instrument Operator's Name: Mark Angell

** If directional footage at Top of Prod. Zone Dist.: 627 feet. Direction: FNL Dist.: 1851 feet. Direction: FEL
Sec: 9 Twp: 6N Rng: 66W
** If directional footage at Bottom Hole Dist.: 514 feet. Direction: FSL Dist.: 1785 feet. Direction: FEL
Sec: 9 Twp: 6N Rng: 66W

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

12. Spud Date: (when the 1st bit hit the dirt) 08/18/2013 13. Date TD: 10/03/2013 14. Date Casing Set or D&A: 10/03/2013

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

16. Total Depth MD 11635 TVD** 7075 17 Plug Back Total Depth MD 11635 TVD** 7075

18. Elevations GR 4822 KB 4844
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:
GR, Mud, 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
CONDUCTOR	24	16	65	0	82	50	0	82	CALC
SURF	13+1/2	9+5/8	36	0	816	425	0	816	VISU
1ST	8+3/4	7	26	0	7,430	685	3,742	7,430	CBL
1ST LINER	6+1/8	4+1/2	11.6	6421	11,635				

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	
SHANNON	4,867		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,909		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,025		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Venessa Langmacher

Title: Sr Permit Analyst Date: 3/20/2014 Email: vlangmacher@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400574958	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400574957	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"/>
Other Attachments			
400574640	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574924	LAS-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574927	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574928	PDF-GAMMA RAY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574934	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574955	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574960	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400575112	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400575132	PDF-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)