

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.

Document Number:
400675125

Date Received:

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 05-123-38963-00 6. County: WELD
 7. Well Name: Anschutz State Well Number: 4-62-2-1721CH2
 8. Location: QtrQtr: SWNW Section: 2 Township: 4N Range: 62W Meridian: 6
 Footage at surface: Distance: 1614 feet Direction: FNL Distance: 250 feet Direction: FWL
 As Drilled Latitude: 40.344700 As Drilled Longitude: -104.301714

GPS Data:
Date of Measurement: 04/09/2014 PDOP Reading: 1.5 GPS Instrument Operator's Name: Loren Shanks

** If directional footage at Top of Prod. Zone Dist.: 1909 feet. Direction: FNL Dist.: 614 feet. Direction: FWL
 Sec: 2 Twp: 4n Rng: 62w
 ** If directional footage at Bottom Hole Dist.: 1765 feet. Direction: FNL Dist.: 2279 feet. Direction: FWL
 Sec: 1 Twp: 4n Rng: 62w

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: 99339

12. Spud Date: (when the 1st bit hit the dirt) 03/19/2014 13. Date TD: 05/11/2014 14. Date Casing Set or D&A: 05/13/2014

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

16. Total Depth MD 14375 TVD** 6140 17 Plug Back Total Depth MD 14375 TVD** 6140

18. Elevations GR 4544 KB 4566 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, CBL, MUD, Gyro

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	813	352	0	822	CALC
1ST	8+3/4	7	26	22	6,461	550	1,148	6,476	CBL
1ST LINER	6+1/8	4+1/2	11.6	5554	14,370				

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	5,003		<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,913		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,035		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No Conductor was set
Spud on form 42 is 3/18/2014, actual spud is 3/19/2014
Open hole log was run on Anschutz State 4-62-2-1721BH API# 123-38961 per rule 317.o and will be reported on the 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@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400675507	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400675503	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			
400675487	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675488	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675490	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675491	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675493	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675498	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675499	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675500	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675501	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675502	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675509	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400675567	PDF-GYRO SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400676194	WELLBORE DIAGRAM	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)