

FORM 5
Rev 09/14

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:
400696290

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

OGCC Operator Number: 10071 Contact Name: Christina Hirtler
Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8597
Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

API Number 05-123-39089-00 County: WELD
Well Name: Anschutz Equus Farms Well Number: 4-62-16-0560CH
Location: QtrQtr: NENE Section: 16 Township: 4N Range: 62W Meridian: 6
Footage at surface: Distance: 250 feet Direction: FNL Distance: 1123 feet Direction: FEL
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:

Field Name: WATTENBERG Field Number: 90750
Federal, Indian or State Lease Number: 1025.9

Spud Date: (when the 1st bit hit the dirt) 08/30/2014 Date TD: Date Casing Set or D&A:
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 800 TVD** Plug Back Total Depth MD TVD**

Elevations GR 4523 KB 4539 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CASING, LINER AND CEMENT

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	751	362	0	800	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

A small rig was used to set surface casing on 8/30/2014. The drilling rig is estimated to begin drilling 10/2/2014.
 No conductor was set
 as-buit data to be provided on the final form 5
 CBL to be run by completions, expected completion date is 1/20/2015

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 ?	
<u>Attachment Checklist</u>			
400696313	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"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)