

FORM
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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



Document Number:

400557210

Date Received:

02/20/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10071 Contact Name: Venessa Langmacher
Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8172
Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

API Number 05-123-38343-00 County: WELD
Well Name: Anschutz State Well Number: 5-62-36-12
Location: QtrQtr: NENW Section: 36 Township: 5N Range: 62W Meridian: 6
Footage at surface: Distance: 1025 feet Direction: FNL Distance: 1820 feet Direction: FWL
As Drilled Latitude: 40.361297 As Drilled Longitude: -104.274092

GPS Data:
Date of Measurement: 02/19/2014 PDOP Reading: 1.9 GPS Instrument Operator's Name: Greg Weimer

** 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: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number: 9800.8

Spud Date: (when the 1st bit hit the dirt) 12/20/2013 Date TD: 01/21/2014 Date Casing Set or D&A: 01/22/2014
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 8341 TVD** Plug Back Total Depth MD TVD**
Elevations GR 4557 KB 4575 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Triple Combo, Mud and CBL

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	828	357	0	828	CBL
1ST	8+3/4	7	26	0	8,341	588	140	8,341	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	
NIOBRARA	5,995	5,995			
FORT HAYS	6,244	6,244			
GREENHORN	6,330	6,330			
J SAND	6,590	6,590			
SKULL CREEK	6,850	6,850			
DAKOTA	6,930	6,930			
MORRISON	7,080	7,080			
LYONS	7,940	7,940			

Operator Comments

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: 2/20/2014

Email: vlangmacher@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400557236	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"/>
<u>Other Attachments</u>			
400557210	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400557230	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400557232	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400557235	PDF-TRIPLE COMBINATION	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)