

**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



Document Number:

400573948

Date Received:

03/18/2014

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: 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 05-001-09789-00 County: ADAMS
Well Name: State of CO Well Number: 1S-66-36-3225CH
Location: QtrQtr: SWNW Section: 36 Township: 1S Range: 66W Meridian: 6
Footage at surface: Distance: 1388 feet Direction: FNL Distance: 299 feet Direction: FWL
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: THIRD CREEK Field Number: 81800Federal, Indian or State Lease Number: 68-56005Spud Date: (when the 1st bit hit the dirt) 02/14/2014 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 ☐ ObservationTotal Depth MD 1530 TVD** _____ Plug Back Total Depth MD 1509 TVD** _____Elevations GR 5184 KB 5200 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 | 1,509 | 517 | 0 | 1,509 | 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 | |
| | | | | | |

Operator Comments

This Form 5 was initially submitted 3/18/14 and returned to draft for modifications.
No conductor was set for this well.
As-buils are not yet available , the drilling rig is estimated to begin drilling 5/23/2014.
The CBL will be run during completion operations which are estimated to begin 8/8/2014

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: 3/18/2014 Email: chirtler@billbarrettcorp.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400573967 | 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"/> |
| <u>Other Attachments</u> | | | | | |
| 400573948 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---|--------------------------|
| Engineer | surface cement summary is for different well. emailed operator for correct one. received correct cmt summary, deleted incorrect one & passed. | 10/7/2014 5:10:30 PM |
| Permit | Oper. has advised that drilling will not resume in 2014. | 4/22/2014 10:42:41 AM |
| Permit | Returned to draft at oper.'s request. | 4/1/2014 10:43:13 AM |

Total: 3 comment(s)