

Document Number:
400994899

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: Mary Pobuda
 Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8511
 Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
 City: DENVER State: CO Zip: 80202

API Number 05-123-42663-00 County: WELD
 Well Name: Anschutz Equus Farms Well Number: 4-62-9-0108B2B
 Location: QtrQtr: NWNW Section: 9 Township: 4N Range: 62W Meridian: 6
 Footage at surface: Distance: 1186 feet Direction: FNL Distance: 295 feet Direction: FWL
 As Drilled Latitude: 40.330708 As Drilled Longitude: -104.338669

GPS Data:
 Date of Measurement: 03/10/2016 PDOP Reading: 1.6 GPS Instrument Operator's Name: Zane Bullard

** If directional footage at Top of Prod. Zone Dist.: 1186 feet. Direction: FNL Dist.: 295 feet. Direction: FWL
 Sec: 9 Twp: 4N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 1186 feet. Direction: FNL Dist.: 295 feet. Direction: FWL
 Sec: 9 Twp: 4N Rng: 62W

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

Spud Date: (when the 1st bit hit the dirt) 01/26/2016 Date TD: 01/26/2016 Date Casing Set or D&A: 01/26/2016
 Rig Release Date: 01/28/2016 Per Rule 308A.b.

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

Total Depth MD 820 TVD** 820 Plug Back Total Depth MD 820 TVD** 820
 Elevations GR 4520 KB 4536 **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
OPEN HOLE	13+3/4	0+0/0	0	0	820	0	0	0	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:

BBC plugged this open hole shortly after spudding. Please see the subsequent form 6 (doc#401013954) for more information.

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

Signed: _____ Print Name: Mary Pobuda

Title: Permit Analyst Date: _____ Email: mpobuda@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401013999	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

User Group	Comment	Comment Date

Total: 0 comment(s)