

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:  
400994899  
Date Received:  
03/23/2016

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: 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.: feet Direction: Dist.: feet. Direction:  
Sec: Twp: Rng:  
\*\* If directional footage at Bottom Hole Dist.: feet Direction: Dist.: 2 feet. Direction:  
Sec: Twp: Rng:

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	820				

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**

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: 3/23/2016 Email: mbarber@billbarrettcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
400994899	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Operator plugged well @ 820' drilled, no surface pipe set, on verbal OK by COGCC.	01/04/2017

Total: 1 comment(s)