

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



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Document Number:
401241636

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: BRADY RILEY
 Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 3128115
 Address: 1099 18TH ST STE 2300 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-37733-00 County: WELD
 Well Name: Circle B Well Number: 6-66-9-0263CDH
 Location: QtrQtr: NENW Section: 9 Township: 6N Range: 66W Meridian: 6
 Footage at surface: Distance: 262 feet Direction: FNL Distance: 2142 feet Direction: FWL
 As Drilled Latitude: 40.509270 As Drilled Longitude: -104.784860

GPS Data:
 Date of Measurement: 12/02/2013 PDOP Reading: 4.0 GPS Instrument Operator's Name: WYATT HALL

** If directional footage at Top of Prod. Zone Dist.: 913 feet. Direction: FNL Dist.: 1036 feet. Direction: FWL
 Sec: 9 Twp: 6M Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 498 feet. Direction: FSL Dist.: 1012 feet. Direction: FWL
 Sec: 9 Twp: 6N Rng: 66W

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

Spud Date: (when the 1st bit hit the dirt) 08/25/2013 Date TD: 03/11/2014 Date Casing Set or D&A: 03/12/2014
 Rig Release Date: 03/23/2014 Per Rule 308A.b.

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

Total Depth MD 11949 TVD** 7301 Plug Back Total Depth MD 11858 TVD** 7305

Elevations GR 4814 KB 4837 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL. MUD. GR_MWD.

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
CONDUCTOR	24	16	65	0	83	50	0	83	VISU
SURF	13+1/2	9+5/8	36	0	834	411	0	834	VISU
1ST	8+3/4	7	26	0	7,708	720	2,064	7,708	CBL
1ST LINER	6+1/8	4+1/2	11.6	6711	11,939				

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	
SHARON SPRINGS	7,004		NO	NO	
NIOBRARA	7,070		NO	NO	
CODELL	7,654		NO	NO	

Comment:

Spud on form 42 is 8/21/2013, actual spud is 8/25/2013.

No open-hole logs were run on this well pad per a Rule 317.o Exception (approved 3/25/14, doc 400566704).

BBC resubmitted this form 5 on 3/23/2017 after it was originally submitted 5/14/2014. COGCC returned the form 5 so BBC could update the form.

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

Signed: _____

Print Name: BRADY RILEY

Title: PERMIT ANALYST

Date: _____

Email: BRILEY@BILLBARRETTCORP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401241691	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401241676	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
401241640	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401241644	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401241648	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401241657	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401241660	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401241662	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401241682	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)