

FORM
5Rev
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



DE	ET	OE	ES
----	----	----	----

Document Number:

401219430

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 05-123-39313-00

County: WELD

Well Name: Ruh

Well Number: 6-62-11-0857B2

Location: QtrQtr: NWNE Section: 11 Township: 6N Range: 62W Meridian: 6

Footage at surface: Distance: 250 feet Direction: FNL Distance: 1579 feet Direction: FEL

As Drilled Latitude: 40.508164 As Drilled Longitude: -104.285528

GPS Data:

Date of Measurement: 12/21/2016 PDOP Reading: 1.2 GPS Instrument Operator's Name: ZANE BULLARD

** If directional footage at Top of Prod. Zone Dist.: 522 feet. Direction: FNL Dist.: 534 feet. Direction: FEL

Sec: 11 Twp: 6N Rng: 62W

** If directional footage at Bottom Hole Dist.: 505 feet. Direction: FSL Dist.: 503 feet. Direction: FEL

Sec: 14 Twp: 6N Rng: 62W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/17/2016 Date TD: 02/07/2017 Date Casing Set or D&A: 02/09/2017

Rig Release Date: 02/10/2017 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 16153 TVD** 6406 Plug Back Total Depth MD 16145 TVD** 6405

Elevations GR 4748 KB 4768 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MUD, MWD/LWD, Open Hole Log/IND was ran on the Ruh 6-62-11-0659B2 well (API 05-123-39314)

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	12+1/4	9+5/8	36	0	803	195	0	803	VISU
1ST	8+3/4	7	26	0	6,816	620	798	6,816	CBL
1ST LINER	6+1/8	4+1/2	11.6	5967	16,149	630	5,967	16,149	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	
SHANNON	5,068		NO	NO	
SHARON SPRINGS	6,327		NO	NO	
NIOBRARA	6,416		NO	NO	

Comment:

PBTD is taken from the float collar set depth. Delayed spud times were emailed to COGCC inspector on 12/14/2016.

OPEN HOLE LOGS (IND) FOR THIS PAD ARE SUBMITTED UNDER THE RUH 6-62-11-0659B2 WELL (API 05-123-39314).

THIS WELL IS WAITING ON COMPLETION AT THE TIME THE FINAL FORM 5 IS BEING SUBMITTED. THE ANTICIPATED COMPLETION END DATE IS 5/9/2017. THE ACTUAL TOP OF PRODUCTION ZONE FOOTAGES WERE NOT AVAILABLE AT THE TIME THE FINAL FORM 5 WAS DUE SO BBC USED OUR PROPOSED FRAC DESIGN TOP PERFORATION OF 6853 FEET AND THEN CALCULATED THE FOOTAGES USING THE CLOSEST DIRECTIONAL SURVEY REPORT MD OF 6817 FEET TO DETERMINE THE ESTIMATED TOP OF PRODUCTION ZONE FOOTAGES. BBC WILL SUBMIT THE ACTUAL TOP OF PRODUCTION ZONE FOOTAGES IN THE COMMENTS SECTION OF THE FORM 5A. PLEASE SEE ATTACHED CORRESPONDENCE SENT TO COGCC ON 4/6/2017 NOTIFYING THEM OF THE DELAY

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 ?
<u>Attachment Checklist</u>		
401219447	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401219440	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"/>
<u>Other Attachments</u>		
401219433	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401219454	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401219486	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401219569	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401219578	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401219579	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401252827	CORRESPONDENCE	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)