

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

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.

Document Number:

400089259

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 10071

4. Contact Name: Elaine Winick

2. Name of Operator: BARRETT CORPORATION* BILL

Phone: (303) 312-8168

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-045-16098-00

6. County: GARFIELD

7. Well Name: MILLER

Well Number: 24B-6-791

8. Location: QtrQtr: SESW Section: 6 Township: 7S Range: 91W Meridian: 6

Footage at surface: Direction: FSL Distance: 307 Direction: FWL Distance: 1861

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage

at Top of Prod. Zone Distance: Direction: Distance: Direction:

at Bottom Hole Distance: Direction: Distance: Direction:

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/13/2010 13. Date TD: 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 790 TVD 17 Plug Back Total Depth MD TVD

18. Elevations GR 6285 KB 6208

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Bottom | Cement Top |
|-------------|--------------|----------------|-----------------|---------------|--------------|---------------|------------|
| CONDUCTOR | 26 | 16 | 42 | 40 | 0 | 40 | 0 |
| SURF | 12+1/4 | 9+5/8 | 36 | 771 | 240 | 790 | 0 |

REMEDIAL CEMENT

Cement work date: _____

Details of work: _____

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

Comment:

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

Signed: _____ Print Name: Elaine Winick

Title: _____ Date: _____ Email: ewinick@billbarrettcorp.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name | Doc Description |
|-------------|------|---|
| 400089262 | | Bill Barrett Miller 24B-6-791 Surface PJR.pdf |

Total Attach: 1 Files