

FORM
5
Rev
02/08

State 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

Document Number:

2554329

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

1. OGCC Operator Number: 10071 4. Contact Name: TRACEY FALLANG
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8134
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19206-00 6. County: GARFIELD
7. Well Name: GGU FEDERAL Well Number: 22B-28-691
8. Location: QtrQtr: SENW Section: 28 Township: 6S Range: 91W Meridian: 6
Footage at surface: Direction: FNL Distance: 2012 Direction: FWL Distance: 1890
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: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ Direction: _____ Distance: _____ Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: COC41048

12. Spud Date: (when the 1st bit hit the dirt) 05/14/2010 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 817 TVD _____ 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 6338 KB 6360

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		40		40	0
SURF	12+1/4	9+5/8		801	240	817	0

ADDITIONAL 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: TRACEY FALLANG

Title: PERMIT ANALYST Date: 5/18/2010 Email: TFALLANG@BILLBARRETT COPR.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: David S. Neslin Director of COGCC Date: 11/1/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554328	CMT SUMMARY	LF@2495075 2554328
2554329	FORM 5 SUBMITTED	LF@2495074 2554329

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operation did not supply MD, Ground Elevation, Nor KB Height. Cement bottom used for MD, 22 ft kb used as temp validation bypass Operator will hopefully supply all information for final form 5	9/21/2010 10:04:02 AM

Total: 1 comment(s)