

**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



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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:

2554321

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 05-045-19216-00 6. County: GARFIELD
7. Well Name: GGU FEDERAL Well Number: 33D-28-691
8. Location: QtrQtr: SENW Section: 28 Township: 6S Range: 91W Meridian: 6
Footage at surface: Direction: FNL Distance: 1982 Direction: FWL Distance: 1881
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: 28 Twp: 6s Rng: 91w

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) 05/12/2010 13. Date TD: _____ 14. Date Casing Set or D&A: _____

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7985 TVD _____ 17 Plug Back Total Depth MD _____ TVD _____18. Elevations GR 6332 KB 6354

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:

Ind-Density-Neutron, Hole Volume Caliper, Temperature CCL logs.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	26	16		40		0	40	CALC
SURF	12+1/4	9+5/8		818	240	0	840	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
ROLLINS			<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK			<input type="checkbox"/>	<input type="checkbox"/>	

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@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: *David S. Nash* Director of COGCC Date: 11/8/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554320	CEMENT JOB SUMMARY	LF@2495067 2554320
2554321	FORM 5 SUBMITTED	LF@2495066 2554321

Total Attach: 2 Files