

**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

Document Number:

2554591

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

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 05-045-19208-00 6. County: GARFIELD
7. Well Name: GGU FEDERAL Well Number: 23D-28-691
8. Location: QtrQtr: SENW Section: 28 Township: 6S Range: 91W Meridian: 6
Footage at surface: Direction: FNL Distance: 2000 Direction: FWL Distance: 1876
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: COC41045

12. Spud Date: (when the 1st bit hit the dirt) 05/19/2010 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 830 TVD 830 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:

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 | | 240 | 240 | 0 | 830 | 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: 5/24/2010 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 |
|-------------|--------------------|----------------------|
| 2554591 | FORM 5 SUBMITTED | LF @ 2500690 2554591 |
| 2554592 | CEMENT JOB SUMMARY | LF @ 2500691 2554592 |

Total Attach: 2 Files