

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:
400109628

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: Brady Riley
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8115
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18907-00 6. County: GARFIELD
7. Well Name: GGU FED Well Number: 44B-29-691
8. Location: QtrQtr: NWNW Section: 33 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 393 feet Direction: FNL Distance: 260 feet Direction: FWL
As Drilled Latitude: 39.490692 As Drilled Longitude: -107.567375

GPS Data:

Data of Measurement: 03/26/2010 PDOP Reading: 1.7 GPS Instrument Operator's Name: C.D. Slaugh

** If directional footage

at Top of Prod. Zone Distance: 500 feet Direction: FSL Distance: 632 feet Direction: FEL
Sec: 29 Twp: 6S Rng: 91W
at Bottom Hole Distance: 511 feet Direction: FSL Distance: 655 feet Direction: FEL
Sec: 29 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: COC46972

12. Spud Date: (when the 1st bit hit the dirt) 03/23/2010 13. Date TD: 08/16/2010 14. Date Casing Set or D&A: 08/17/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7800 TVD 7588 17 Plug Back Total Depth MD 7756 TVD 7544

18. Elevations GR 6351 KB 6373

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:

Mud, Temp, CBL, Triple Combo, Array Induction, Neutron Density, Caliper

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 | 42 | 40 | | 0 | 40 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 811 | 240 | 0 | 830 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 7,799 | 1,050 | 2,400 | 7,800 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

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 | |
| WILLIAMS FORK | 3,874 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,508 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

The 72 Hour Bradenhead Pressure is 0 psig.

Conductor cemented with grout.

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

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 |
|-------------|------------------------|
| 400109633 | PDF-CEMENT BOND |
| 400109636 | PDF-CALIPER |
| 400109637 | PDF-DENSITY/NEUTRON |
| 400109639 | PDF-INDUCTION |
| 400109641 | PDF-TRIPLE COMBINATION |
| 400109643 | PDF-TEMPERATURE |
| 400109644 | PDF-MUD |
| 400109645 | DIRECTIONAL SURVEY |

Total Attach: 8 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | |

Total: 0 comment(s)