

FORM
5Rev
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:

400119080

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: 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 05-045-18314-00 6. County: GARFIELD
7. Well Name: SPECIALTY Well Number: 32D-28-692
8. Location: QtrQtr: NWNE Section: 28 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 1160 feet Direction: FNL Distance: 1429 feet Direction: FEL
As Drilled Latitude: 39.501999 As Drilled Longitude: -107.667274

GPS Data:

Data of Measurement: 06/28/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: J. Kalmon

** If directional footage

at Top of Prod. Zone Distance: 1515 feet Direction: FNL Distance: 1983 feet Direction: FEL
Sec: 28 Twp: 6s Rng: 92w
at Bottom Hole Distance: 1534 feet Direction: FNL Distance: 1984 feet Direction: FEL
Sec: 28 Twp: 6s Rng: 92w

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) 02/14/2010 13. Date TD: 06/04/2010 14. Date Casing Set or D&A: 06/05/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8200 TVD 8142 17 Plug Back Total Depth MD 8158 TVD 810018. Elevations GR 5775 KB 5791

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:

previously submitted: CBL, Neutron Density, Array Induction, Triple Combo, Caliper, Temp, Mud

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	797	240	0	820	CALC
1ST	7+7/8	4+1/2	11.6	8,200	725	4,200	8,200	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	3,354		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,096		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	7,672		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	7,901		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Conductor cemented with grout. The 72 hour bradenhead pressure test is 0 psig.

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
400119081	DIRECTIONAL SURVEY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)