

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:  
400123598

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 05-045-18951-00 6. County: GARFIELD  
7. Well Name: JOLLEY FED Well Number: 11C-20-691  
8. Location: QtrQtr: NENW Section: 20 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 1099 feet Direction: FNL Distance: 1373 feet Direction: FWL  
As Drilled Latitude: 39.517417 As Drilled Longitude: -107.582813

GPS Data:

Data of Measurement: 09/01/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: J. Kalmon

\*\* If directional footage

at Top of Prod. Zone Distance: 541 feet Direction: FNL Distance: 659 feet Direction: FWL  
Sec: 20 Twp: 6s Rng: 91w  
at Bottom Hole Distance: 529 feet Direction: FNL Distance: 666 feet Direction: FWL  
Sec: 20 Twp: 6s Rng: 91w

9. Field Name: MAMM CREEK 10. Field Number: 52500  
11. Federal, Indian or State Lease Number: COC-50126

12. Spud Date: (when the 1st bit hit the dirt) 01/13/2010 13. Date TD: 03/19/2010 14. Date Casing Set or D&A: 03/20/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7700 TVD 7574 17 Plug Back Total Depth MD 7615 TVD 7489

18. Elevations GR 6320 KB 6342

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

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              | 805           | 240          | 0          | 825        | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6            | 7,658         | 1,050        | 2,575      | 7,700      | 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  | 3,819          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 7,386          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

Conductor cemented with grout. The 72 hour Bradenhead Pressure test was 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               |
|-------------|--------------------|
| 400123599   | DIRECTIONAL SURVEY |

Total Attach: 1 Files

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)