

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



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DRILLING COMPLETION REPORT

Document Number:

400112133

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 05-045-19204-00 6. County: GARFIELD  
7. Well Name: GGU FEDERAL Well Number: 23B-28-691  
8. Location: QtrQtr: SENW Section: 28 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 1970 feet Direction: FNL Distance: 1867 feet Direction: FWL  
As Drilled Latitude: 39.500883 As Drilled Longitude: -107.561888

GPS Data:

Data of Measurement: 10/13/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

\*\* If directional footage

at Top of Prod. Zone Distance: 1846 feet Direction: FSL Distance: 2017 feet Direction: FWL  
Sec: 28 Twp: 6S Rng: 91W  
at Bottom Hole Distance: 1817 feet Direction: FSL Distance: 2003 feet Direction: FWL  
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) 05/17/2010 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 8124 TVD 7753 17 Plug Back Total Depth MD 8086 TVD 7715

18. Elevations GR 6335 KB 6358

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: Temp, Mud, CBL  
Attached: Triple Combo

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	42	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	806	240	0	825	CALC
1ST	7+7/8	4+1/2	11.6	0	8,123	1,015	2,980	8,124	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	4,043		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,671		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 hour bradenhead pressure test was 0 psig.  
Conductor was set 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
400112143	PDF-TRIPLE COMBINATION
400112144	DIRECTIONAL SURVEY

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)