

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:

400128334

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: Valerie Walker  
2. Name of Operator: BARRETT CORPORATION\* BILL Phone: (303) 312-8531  
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19628-00 6. County: GARFIELD  
7. Well Name: GGU Federal Well Number: 43B-29-691  
8. Location: QtrQtr: NWSE Section: 29 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 1825 feet Direction: FSL Distance: 2059 feet Direction: FEL  
As Drilled Latitude: 39.496650 As Drilled Longitude: -107.575705

GPS Data:

Data of Measurement: 12/14/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

\*\* If directional footage

at Top of Prod. Zone Distance: 1739 feet Direction: FSL Distance: 674 feet Direction: FEL  
Sec: 29 Twp: 6S Rng: 91W  
at Bottom Hole Distance: 1754 feet Direction: FSL Distance: 671 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: COC-46972

12. Spud Date: (when the 1st bit hit the dirt) 08/28/2010 13. Date TD: 10/05/2010 14. Date Casing Set or D&A: 10/06/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7575 TVD 7305 17 Plug Back Total Depth MD 7529 TVD 7259

18. Elevations GR 6034 KB 6057

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, temp, Caliper, Triple Combo, Neutron/density, Induction; MUD LOG ATTACHED

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	785	240	0	805	CALC
1ST	7+7/8	4+1/2	11.6	0	7,575	1,010	2,540	7,575	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	
MESAVERDE	3,603		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,245		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Conductor cemented with grout. Drilled 8 3/4" hole from 807' to 4908'. The 72 hour bradenhead pressure 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: Valerie A. Walker

Title: Permit Analyst Date: \_\_\_\_\_ Email: vwalker@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
400130621	DIRECTIONAL SURVEY
400130623	OTHER

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)