

**FORM
5**Rev
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:

2555213

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: TRACEY FALLANG
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8134
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18641-00 6. County: GARFIELD
7. Well Name: KAUFMAN Well Number: 23D-25-692
8. Location: QtrQtr: NESW Section: 25 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 2217 feet Direction: FSL Distance: 1846 feet Direction: FWL
As Drilled Latitude: 39.497204 As Drilled Longitude: -107.618171

GPS Data:

Data of Measurement: 05/24/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: J. KALMON

** If directional footage

at Top of Prod. Zone Distance: 2439 feet Direction: FSL Distance: 1968 feet Direction: FWL
Sec: 25 Twp: 6S Rng: 92W
at Bottom Hole Distance: 2433 feet Direction: FSL Distance: 1983 feet Direction: FWL
Sec: 25 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) 10/12/2009 13. Date TD: 02/08/2010 14. Date Casing Set or D&A: 02/09/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7420 TVD 78409 17 Plug Back Total Depth MD 7420 TVD 740918. Elevations GR 5927 KB 5949

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:

TRIPLE COMBO, TEMP LOG, CBL; mud; hole volume/caliper; cross-dipole anisotropy;
CBL in LAS & PDF, no other formats (temp log shows TOC)

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	785	CALC
1ST	7+7/8	4+1/2	11.6	0	7,420	604	4,400	7,420	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	3,436		<input type="checkbox"/>	<input type="checkbox"/>	THE 72 HOUR BRADENHEAD PRESSURE IS 0 PSIG.
ROLLINS	7,084		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: TRACEY FALLANG

Title: PERMIT ANALYST Date: 6/1/2010 Email: TFALLANG@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: *David S. Neslin* Director of COGCC Date: 2/4/2011

Attachment Check List

Att Doc Num	Name
2555213	FORM 5 SUBMITTED
2555214	CEMENT JOB SUMMARY
2555215	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)