

**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:

2611454

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: ELAINE WINICK
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 293-9100
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17735-00 6. County: GARFIELD
7. Well Name: MILLER Well Number: 33A-36-692
8. Location: QtrQtr: SESW Section: 36 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 1046 feet Direction: FSL Distance: 2615 feet Direction: FWL
As Drilled Latitude: 39.479576 As Drilled Longitude: -107.615227

GPS Data:

Data of Measurement: 06/24/2009 PDOP Reading: 6.0 GPS Instrument Operator's Name: JAMES KALMON

** If directional footage

at Top of Prod. Zone Distance: 1536 feet Direction: FSL Distance: 1951 feet Direction: FEL
Sec: 36 Twp: 6S Rng: 92W
at Bottom Hole Distance: 1498 feet Direction: FSL Distance: 1967 feet Direction: FEL
Sec: 36 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) 06/18/2009 13. Date TD: 11/09/2009 14. Date Casing Set or D&A: 11/10/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7100 TVD 6976 17 Plug Back Total Depth MD 7078 TVD 695418. Elevations GR 5929 KB 5951

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:

MUD, CBL, TEMP, TRIPLE COMBO, DEN-NEU, IND, SONIC, CALIPER, ETC

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		0	40		0	40	CALC
SURF	12+1/4	9+5/8		0	772	240	0	790	CALC
1ST	7+7/8	4+1/2		0	7,078	1,075	2,450	7,100	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	3,009		<input type="checkbox"/>	<input type="checkbox"/>	THE 72 HOURS BRADENHEAD PRESSURE IS 0 PSIG.
ROLLINS	6,673		<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: Y _____ Print Name: MATT BARBER

Title: PERMIT ANALYST Date: 5/4/2010 Email: MBARBER@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: 2/16/2011

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)