

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:

400129376

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 05-045-19643-00 6. County: GARFIELD
7. Well Name: GGU Swanson Well Number: 33D-29-691
8. Location: QtrQtr: NWSE Section: 29 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 1850 feet Direction: FSL Distance: 2152 feet Direction: FEL
As Drilled Latitude: 39.496713 As Drilled Longitude: -107.576036

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: 2369 feet Direction: FSL Distance: 1998 feet Direction: FEL
Sec: 29 Twp: 6S Rng: 91W
at Bottom Hole Distance: 2375 feet Direction: FSL Distance: 2009 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: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/07/2010 13. Date TD: 11/12/2010 14. Date Casing Set or D&A: 11/13/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7270 TVD 7229 17 Plug Back Total Depth MD 7223 TVD 7182

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, Mud, Temp., Caliper, Neutron/Density, Induction, 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	794	240	0	816	CALC
1ST	7+7/8	4+1/2	11.6	0	7,270	975	2,550	7,270	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	3,467		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,031		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Drilled 8 3/4" hole from 815' to 4755'. The 72 hour bradenhead pressure is 0 psig. Conductor 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: Valerie A. Walker

Title: Permit Analyst Date: _____ Email: vwalker@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400137659	DIRECTIONAL SURVEY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)