

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:

2511500

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 WINNICK
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 3128168
3. Address: 1099 18TH ST STE 2300 Fax: (303) 9270420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18687-00 6. County: GARFIELD
7. Well Name: MILLER Well Number: 11A-36-692
8. Location: QtrQtr: SWNW Section: 36 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 2008 feet Direction: FNL Distance: 440 feet Direction: FWL
As Drilled Latitude: 39.485553 As Drilled Longitude: -107.623004

GPS Data:

Data of Measurement: 06/14/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: J KALMON

** If directional footage

at Top of Prod. Zone Distance: 1122 feet Direction: FNL Distance: 651 feet Direction: FWL
Sec: 36 Twp: 6S Rng: 92W
at Bottom Hole Distance: 1149 feet Direction: FNL Distance: 662 feet Direction: FWL
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) 10/27/2009 13. Date TD: 12/20/2009 14. Date Casing Set or D&A: 12/20/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7315 TVD 7179 17 Plug Back Total Depth MD 7269 TVD 7133

18. Elevations GR 5906 KB 5928

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, CALIPER LOG, MUD LOG, TEMP LOG, NEUTRON LOG, ARRAY INDUCTION.

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	766	240	0	785	CALC
1ST	7+7/8	4+1/2		0	7,315	1,191	3,050	7,315	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	3,198		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,895		<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: EILAINE WINICK

Title: PERMIT ANALYST Date: 8/3/2010 Email: EWINICK@BILLBARRETTCORP.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)