

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:

2511988

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) 312-8168
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18607-00 6. County: GARFIELD
7. Well Name: THARP Well Number: 14D-13-692
8. Location: QtrQtr: NENE Section: 23 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 228 feet Direction: FNL Distance: 221 feet Direction: FEL
As Drilled Latitude: 39.519208 As Drilled Longitude: -107.625725

GPS Data:

Data of Measurement: 06/15/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: J. KALMON

** If directional footage

at Top of Prod. Zone Distance: 1133 feet Direction: FSL Distance: 651 feet Direction: FWL
Sec: 13 Twp: 6S Rng: 92W
at Bottom Hole Distance: 1127 feet Direction: FSL Distance: 665 feet Direction: FWL
Sec: 13 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) 12/08/2009 13. Date TD: 01/21/2010 14. Date Casing Set or D&A: 01/22/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8650 TVD 8313 17 Plug Back Total Depth MD 8643 TVD 8306

18. Elevations GR 5801 KB 5823

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:

TEMP. LOG, MUD LOG, CALIPER LOG, ARRAY INDUCTION, NEUTRON LOG, TRIPLE COMBO, CBL

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	943	240	0	943	CALC
1ST	7+7/8	4+1/2		0	8,640	735	4,800	8,650	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	3,919		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,599		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,184		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,409		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: ELAINE WINICK

Title: PERMIT ANALYST Date: 8/17/2010 Email: EWINICK@BILLBARRETTCORP.COM

Attachment Check List

Att Doc Num	Name
2511988	FORM 5 SUBMITTED
2511989	CEMENT JOB SUMMARY
2511990	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)