

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:  
400145816

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 05-045-19420-00 6. County: GARFIELD  
7. Well Name: GGU MILLER FED Well Number: 34B-32-691  
8. Location: QtrQtr: SESW Section: 32 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 1223 feet Direction: FSL Distance: 2298 feet Direction: FWL  
As Drilled Latitude: 39.480420 As Drilled Longitude: -107.578826

GPS Data:

Data of Measurement: 01/10/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

\*\* If directional footage at Top of Prod. Zone Dist.: 571 feet. Direction: FSL Dist.: 2030 feet. Direction: FEL  
Sec: 32 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 547 feet. Direction: FSL Dist.: 1999 feet. Direction: FEL  
Sec: 32 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 52500  
11. Federal, Indian or State Lease Number: COC46972

12. Spud Date: (when the 1st bit hit the dirt) 10/04/2010 13. Date TD: 11/14/2010 14. Date Casing Set or D&A: 11/15/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7340 TVD\*\* 7143 17 Plug Back Total Depth MD 7294 TVD\*\* 7097

18. Elevations GR 6122 KB 6145

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 caliper, neutron/density, Induction, triple combo, mud, 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	42	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	769	240	0	785	CALC
1ST	7+7/8	4+1/2	11.6	0	7,339	1,032	1,920	7,340	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	
ROLLINS	3,290		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	7,039		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Conductor set with grout. The 72 hour bradenhead pressure test is 0 psig. Drilled 8 3/4" hole from bottom surface casing to 5344 feet.

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

Signed: \_\_\_\_\_ Print Name: Valerie Walker

Title: Permit Analyst Date: \_\_\_\_\_ Email: vwalker@billbarretttcorp.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400145829	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)