

**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:

400145874

**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: 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 05-045-19431-00

6. County: GARFIELD

7. Well Name: GGU MILLER FED

Well Number: 34D-32-691

8. Location: QtrQtr: SESW Section: 32 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 1254 feet Direction: FSL Distance: 2306 feet Direction: FWL

As Drilled Latitude: 39.480505 As Drilled Longitude: -107.578797

## GPS Data:

Data of Measurement: 01/07/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

\*\* If directional footage at Top of Prod. Zone Dist.: 1210 feet. Direction: FSL Dist.: 2055 feet. Direction: FEL

Sec: 32 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 1206 feet. Direction: FSL Dist.: 2010 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) 10/03/2010 13. Date TD: 12/03/2010 14. Date Casing Set or D&amp;A: 12/04/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7345 TVD\*\* 7201 17 Plug Back Total Depth MD 7280 TVD\*\* 7136

18. Elevations GR 6120 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 neutron/density, triple combo, Induction, caliper, mud, CBL; temp log attached.

## 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	763	240	0	780	CALC
1ST	7+7/8	4+1/2	11.6	0	7,325	1,025	1,875	7,345	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	3,261		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	7,030		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

conductor cemented with grout. the 72 hour bradenhead pressure test is 0 psig. drilled 8 3/4" hole from base surface casing to 5208 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@billbarrettcorp.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"/>
400145882	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400145880	PDF-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)