


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400090205	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> 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 05-045-19243-00		6. County: GARFIELD					
7. Well Name: Werner		Well Number: 33C-23-692					
8. Location: QtrQtr: SWSE Section: 23 Township: 6S Range: 92W Meridian: 6							
Footage at surface: Distance: 873 feet Direction: FSL Distance: 1536 feet Direction: FEL							
As Drilled Latitude: _____	As Drilled Longitude: _____						
GPS Data:							
Data of Measurement: _____	PDOP Reading: _____	GPS Instrument Operator's Name: _____					
** If directional footage at Top of Prod. Zone		Dist.: _____ feet. Direction: _____	Dist.: _____ feet. Direction: _____				
Sec: _____	Twp: _____	Rng: _____					
** If directional footage at Bottom Hole		Dist.: _____ feet. Direction: _____	Dist.: _____ feet. Direction: _____				
Sec: _____	Twp: _____	Rng: _____					
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) 07/19/2010		13. Date TD: _____					
14. Date Casing Set or D&A: _____							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD 820 TVD** _____		17 Plug Back Total Depth MD _____ TVD** _____					
18. Elevations GR 5952 KB 5974		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:							
none yet							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	0	40	CALC
SURF	12+1/4	9+5/8	36	0	820	240	0	820	CALC

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	
			<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: Elaine Winick

Title: _____ Date: 9/2/2010 Email: ewinick@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400090208	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>
<u>Other Attachments</u>					
400090205	FORM 5 SUBMITTED	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)