


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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:  400090658	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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    05-045-19628-00		6. County:    GARFIELD					
7. Well Name:    GGU Federal		Well Number:    43B-29-691					
8. Location:    QtrQtr:    NWSE    Section:    29    Township:    6S    Range:    91W    Meridian:    6							
Footage at surface:    Distance:    1825    feet    Direction:    FSL    Distance:    2059    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)    08/28/2010    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    805    TVD**    _____		17 Plug Back Total Depth    MD    _____    TVD**    _____					
18. Elevations    GR    6030    KB    6053		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:							
will list in subsequent Form 5							

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	VISU
SURF	12+1/4	9+5/8	36	0	785	240	0	805	VISU

### 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: 9/7/2010 Email: ewinick@billbarrettcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400090665	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>					
400090658	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)