


<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:  400092292	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    05-045-19643-00		6. County:    GARFIELD					
7. Well Name:    GGU Swanson		Well Number:    33D-29-691					
8. Location:    QtrQtr:    NWSE    Section:    29    Township:    6S    Range:    91W    Meridian:    6							
Footage at surface:    Distance:    1850    feet    Direction:    FSL    Distance:    2152    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)    09/07/2010    13. Date TD:    14. Date Casing Set or D&A:							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" 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    815    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 be listed 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	CALC
SURF	12+1/4	9+5/8	36	0	794	240	0	815	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: 9/13/2010 Email: ewinick@billbarrettcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400092294	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>					
400092292	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)