


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: <div style="border: 1px solid black; padding: 5px; text-align: center;">2511901</div>	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 checked="" type="checkbox"/> Final completion <input 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 05-045-18606-00		6. County: GARFIELD					
7. Well Name: THARP		Well Number: 14C-13-692					
8. Location: QtrQtr: NENE Section: 23 Township: 6S Range: 92W Meridian: 6							
Footage at surface: Distance: 244 feet Direction: FNL Distance: 219 feet Direction: FEL							
As Drilled Latitude: 39.519122	As Drilled Longitude: -107.625717						
GPS Data:							
Data of Measurement: 06/15/2010	PDOP Reading: 6.0	GPS Instrument Operator's Name: J. KALMON					
** If directional footage at Top of Prod. Zone		Dist.: 825 feet. Direction: FSL	Dist.: 658 feet. Direction: FWL				
Sec: 13	Twp: 6S	Rng: 92W					
** If directional footage at Bottom Hole		Dist.: 820 feet. Direction: FSL	Dist.: 661 feet. Direction: FWL				
Sec: 13	Twp: 6S	Rng: 92W					
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) 12/14/2009 13. Date TD: 02/07/2010 14. Date Casing Set or D&A: 02/08/2010							
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 7820 TVD** 7568	17 Plug Back Total Depth MD 7555 TVD** 7303						
18. Elevations GR 5801 KB 5823	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:							
CBL, TEMP. LOG, CALIPER LOG, MUD LOG, ARRAY INDUCTION, NEUTRONLOG							

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		0	40		0	40	CALC
SURF	12+1/4	9+5/8		0	802	240	0	820	CALC
1ST	7+7/8	4+1/2		0	7,799	660	4,550	7,820	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	
WILLIAMS FORK	3,869		<input type="checkbox"/>	<input type="checkbox"/>	THE 72 HOUR BRADENHEAD PRESSURE IS 0 PSIG.
ROLLINS	7,506		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: THE 72 HOUR BRADENHEAD PRESSURE IS 0 PSIG.

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: PERMIT ANALYST Date: 8/13/2010 Email: EWINICK@BILLBARRETTCORP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2511903	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2511902	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"/>
<u>Other Attachments</u>					
2511901	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)