


<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:  400110074	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 checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number:    10071		4. Contact Name:    Brady Riley					
2. Name of Operator:    BARRETT CORPORATION* BILL		Phone:    (303) 312-8115					
3. Address:    1099 18TH ST STE 2300		Fax:    (303) 291-0420					
City:    DENVER	State:    CO	Zip:    80202					
5. API Number    05-045-18909-00		6. County:    GARFIELD					
7. Well Name:    GGU FED		Well Number:    21A-33-691					
8. Location:    QtrQtr:    NWNW    Section:    33    Township:    6S    Range:    91W    Meridian:    6							
Footage at surface:    Distance:    458    feet    Direction:    FNL		Distance:    262    feet    Direction:    FWL					
As Drilled Latitude:    39.490514		As Drilled Longitude:    -107.567364					
GPS Data:							
Data of Measurement:    03/26/2010    PDOP Reading:    2.0    GPS Instrument Operator's Name:    C.D. Slaugh							
** If directional footage at Top of Prod. Zone		Dist.:    1116    feet. Direction:    FNL    Dist.:    1963    feet. Direction:    FWL					
Sec:    33    Twp:    6S    Rng:    91W							
** If directional footage at Bottom Hole		Dist.:    1134    feet. Direction:    FNL    Dist.:    1993    feet. Direction:    FWL					
Sec:    33    Twp:    6S    Rng:    91W							
9. Field Name:    MAMM CREEK		10. Field Number:    52500					
11. Federal, Indian or State Lease Number:    COC51440							
12. Spud Date: (when the 1st bit hit the dirt)    03/20/2010    13. Date TD:    07/10/2010    14. Date Casing Set or D&A:    07/11/2010							
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    8046    TVD**    7609		17 Plug Back Total Depth    MD    7999    TVD**    7562					
18. Elevations    GR    6353    KB    6375		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: Temp, Triple Combo, Neutron Density, Caliper, Array Induction attached: CBL							
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	808	240	0	830	CALC
1ST	7+7/8	4+1/2	11.6	0	8,045	1,040	8,046	2,930	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	3,985		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,747		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 Hour Bradenhead Pressure Test is 0 psig.

Conductor was set with grout.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Brady Riley

Title: Permit Analyst Date: 12/3/2010 Email: briley@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"/>
400110080	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>					
400110074	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400110076	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

