

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



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Document Number: 400110052

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 [X] Final completion [] 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 05-045-18915-00 6. County: GARFIELD
7. Well Name: GGU FED Well Number: 11A-33-691
8. Location: QtrQtr: NWNW Section: 33 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 473 feet Direction: FNL Distance: 251 feet Direction: FWL
As Drilled Latitude: 39.490473 As Drilled Longitude: -107.567405

GPS Data:
Data of Measurement: 03/26/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: C.D. Slaugh

** If directional footage at Top of Prod. Zone Dist.: 1115 feet. Direction: FNL Dist.: 688 feet. Direction: FWL
Sec: 33 Twp: 6S Rng: 91W
** If directional footage at Bottom Hole Dist.: 1116 feet. Direction: FNL Dist.: 657 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) 03/22/2010 13. Date TD: 06/29/2010 14. Date Casing Set or D&A: 06/30/2010

15. Well Classification:
[] Dry [] Oil [X] Gas/Coalbed [] Disposal [] Stratigraphic [] Enhanced Recovery [] Storage [] Observation

16. Total Depth MD 7665 TVD** 7577 17 Plug Back Total Depth MD 7617 TVD** 7529

18. Elevations GR 6352 KB 6374 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: Array Induction, Temp, Triple Combo, Neutron Density, Caliper
attached: CBL

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	40	CALC
SURF	12+1/4	9+5/8	36	0	803	240	0	825	CALC
1ST	7+7/8	4+1/2	11.6	0	7,663	1,003	2,400	7,665	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	3,739		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,364		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 hour Bradenhead Pressure Test was 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"/>
400110055	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>			
400110052	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400110054	PDF-CEMENT BOND	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)

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