

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:
400162632

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 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 05-045-19801-00 6. County: GARFIELD
7. Well Name: GGU Swanson Well Number: 32D-29-691
8. Location: QtrQtr: NWNE Section: 29 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 1221 feet Direction: FNL Distance: 1342 feet Direction: FEL
As Drilled Latitude: 39.502785 As Drilled Longitude: -107.573294

GPS Data:

Data of Measurement: 12/14/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: James Kalmon

** If directional footage

at Top of Prod. Zone Distance: 1483 feet Direction: FNL Distance: 1980 feet Direction: FEL
Sec: 29 Twp: 6S Rng: 91W
at Bottom Hole Distance: 1505 feet Direction: FNL Distance: 2004 feet Direction: FEL
Sec: 29 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: CO 10276

12. Spud Date: (when the 1st bit hit the dirt) 12/08/2010 13. Date TD: 02/21/2011 14. Date Casing Set or D&A: 02/23/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7467 TVD 7402 17 Plug Back Total Depth MD 7418 TVD 7375

18. Elevations GR 6105 KB 6128

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:

Caliper, CBL, Density, Induction, Mud, Quick Look and Temp

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	24	14	42	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	746	240	0	765	CALC
1ST	8+3/4	4+1/2	11.6	0	7,465	1,090	2,600	7,467	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	3,526		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,120		<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: _____ Email: briley@billbarrettcorp.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400162660	DIRECTIONAL SURVEY
400162663	PDF-
400162665	PDF-
400162668	PDF-
400162669	PDF-
400162670	PDF-
400162671	PDF-
400162672	PDF-

Total Attach: 8 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)