IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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 **DRILLING COMPLETION REPORT**	STATE OF COLORADO OIL & GAS	DE	ET	OE	ES	

Document Number:

2071465

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: 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   05-045-17952-00   6. County: GARFIELD

7. Well Name: MILLER   Well Number: 14B-5-791

8. Location: QtrQtr: NWSW   Section: 5   Township: 7S   Range: 91W   Meridian: 6

Footage at surface: Distance: 1425   feet   Direction: FNL   Distance: 1058   feet   Direction: FWL

    As Drilled Latitude: 39.473125   As Drilled Longitude: -107.582632

GPS Data:

    Data of Measurement: 03/17/2010   PDOP Reading: 6.0   GPS Instrument Operator's Name: J. KALMON

    ** If directional footage at Top of Prod. Zone   Dist.:   461   feet. Direction: FSL   Dist.:   660   feet. Direction: FWL

        Sec: 5   Twp: 7S   Rng: 91W

    ** If directional footage at Bottom Hole   Dist.:   451   feet. Direction: FSL   Dist.:   660   feet. Direction: FWL

        Sec: 5   Twp: 7S   Rng: 91W

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)   06/12/2009   13. Date TD: 09/08/2009   14. Date Casing Set or D&A: 09/09/2009

15. Well Classification:

    ☐ Dry   ☐ Oil   ☒ Gas/Coalbed   ☐ Disposal   ☐ Stratigraphic   ☐ Enhanced Recovery   ☐ Storage   ☐ Observation

16. Total Depth   MD   6920   TVD**   6718   17 Plug Back Total Depth   MD   6877   TVD**   6675

18. Elevations   GR   6157   KB   6179   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:

TEMP LOG, CALIPER LOG, TRIPLE COMBO, MUD LOG, ARRAY INDUCTION, NEUTRON, 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		0	40			40	CALC
SURF	12+1/4	9+5/8		0	752	240	0	770	CALC
1ST	7+7/8	4+1/2		0	6,908	800	2,960	6,920	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	2,932		☐	☐	
ROLLINS	6,675		☐	☐	

Comment:

TEH 72 HR 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: 8/9/2010   Email: EWINICK@BILLBARRETTCORP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name				
	CMT Summary *	Yes ☐	No ☒
	Core Analysis	Yes ☐	No ☒
2071466	Directional Survey **	Yes ☒	No ☐
	DST Analysis	Yes ☐	No ☒
	Logs	Yes ☐	No ☒
	Other	Yes ☐	No ☒

Other Attachments

Att Doc Num	Document Name		
2071465	FORM 5 SUBMITTED	Yes ☒	No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)