

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

Document Number:
2517224

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 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 05-045-18574-00 6. County: GARFIELD
7. Well Name: SPECIALTY Well Number: 23D-21-692
8. Location: QtrQtr: NWSW Section: 21 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 2083 feet Direction: FSL Distance: 1159 feet Direction: FWL
As Drilled Latitude: 39.510829 As Drilled Longitude: -107.676919

GPS Data:

Data of Measurement: 07/07/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: J. KALMON

** If directional footage at Top of Prod. Zone Dist.: 2458 feet. Direction: FSL Dist.: 1976 feet. Direction: FWL
Sec: 21 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 2437 feet. Direction: FSL Dist.: 1981 feet. Direction: FWL
Sec: 21 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) 03/09/2010 13. Date TD: 06/25/2010 14. Date Casing Set or D&A: 06/26/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7678 TVD** 7579 17 Plug Back Total Depth MD 7632 TVD** 7533

18. Elevations GR 5696 KB 5718

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 LOG, ARRAY INDUCTION, MUD LOG, TEMP LOG, TRIPLE COMBO, CBL, NEUTRON LOG

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	863	240	0	863	CALC
1ST	7+7/8	4+1/2		0	7,678	555	4,620	7,678	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	3,626		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,359		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THE 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: 10/4/2010 Email: EWINICK@BILLBARRETTCORP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2517222	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2517225	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>			
2517224	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)