


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		<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: <div style="text-align: center; font-size: 1.2em;">2517294</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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 05-045-18310-00		6. County: GARFIELD					
7. Well Name: SPECIALTY		Well Number: 32A-28-692					
8. Location: QtrQtr: NWNE Section: 28 Township: 6S Range: 92W Meridian: 6							
Footage at surface: Distance: 1159 feet Direction: FNL Distance: 1365 feet Direction: FEL							
As Drilled Latitude: 39.502003 As Drilled Longitude: -107.667104							
GPS Data:							
Data of Measurement: 06/28/2010		PDOP Reading: 6.0 GPS Instrument Operator's Name: J. KALMON					
** If directional footage at Top of Prod. Zone		Dist.: 2449 feet. Direction: FNL Dist.: 1960 feet. Direction: FEL					
Sec: 28 Twp: 6S Rng: 92W							
** If directional footage at Bottom Hole		Dist.: 2471 feet. Direction: FNL Dist.: 1963 feet. Direction: FEL					
Sec: 28 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) 02/15/2010 13. Date TD: 06/21/2010 14. Date Casing Set or D&A: 06/22/2010							
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 7633 TVD** 7354		17 Plug Back Total Depth MD 7587 TVD** 7308					
18. Elevations GR 5775 KB 5791		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, CBL, NEUTRON LOG, ARRAY INDUCTION, MUD LOG, TEMP LOG, TRIPLE COMBO							
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		0	40			40	CALC
SURF	12+1/4	9+5/8		0	796	240	0	815	CALC
1ST	7+7/8	4+1/2		0	7,633	600	4,250	7,633	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	3,436		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,241		<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: 10/6/2010 Email: EWINICK@BILLBARRETTCORP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2517296	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2517297	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>					
2517294	FORM 5 SUBMITTED	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)