

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:

400163342

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 05-045-18665-00 6. County: GARFIELD
7. Well Name: MILLER Well Number: 33B-6-791
8. Location: QtrQtr: NWSE Section: 6 Township: 7S Range: 91W Meridian: 6
Footage at surface: Distance: 68 feet Direction: FNL Distance: 2390 feet Direction: FEL
As Drilled Latitude: 39.476708 As Drilled Longitude: -107.594872

GPS Data:

Data of Measurement: 02/23/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: JAMES KALMON

** If directional footage

at Top of Prod. Zone Distance: 852 feet Direction: FNL Distance: 2059 feet Direction: FEL
Sec: 6 Twp: 7S Rng: 91W
at Bottom Hole Distance: 855 feet Direction: FNL Distance: 2063 feet Direction: FEL
Sec: 6 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) 07/09/2010 13. Date TD: 01/29/2011 14. Date Casing Set or D&A: 01/31/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7070 TVD 6952 17 Plug Back Total Depth MD 7023 TVD 6905

18. Elevations GR 6265 KB 6288

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, DENSITY, INDUCTION, TEMP, 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	24	14		0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	730	240	0	750	CALC
1ST	7+7/8	4+1/2	11.6	0	7,067	1,150	2,000	7,070	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	3,139		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,833		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CONDUCTOR WAS CEMENTED WITH GROUT. THE 72 HOUR BRADENHEAD PRESSURE TEST WAS 0 PSIG. 8-3/4" HOLE SIZE WAS DRILLED FROM BOTTOM OF SURFACE CASING TO 5093'.

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
400163343	DIRECTIONAL SURVEY
400163344	PDF-CALIPER
400163345	PDF-DENSITY
400163346	PDF-INDUCTION
400163347	PDF-TEMPERATURE
400163348	PDF-CEMENT BOND

Total Attach: 6 Files

General Comments

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

Total: 0 comment(s)