


| | | | | | | | |
|---|--|--|---|----|----|----|----|
| 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: 400119065 | 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: 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 05-045-18313-00 | | 6. County: GARFIELD | | | | | |
| 7. Well Name: SPECIALTY | | Well Number: 41D-28-692 | | | | | |
| 8. Location: QtrQtr: NENE Section: 28 Township: 6S Range: 92W Meridian: 6 | | | | | | | |
| Footage at surface: Distance: 1157 feet Direction: FNL Distance: 1253 feet Direction: FEL | | | | | | | |
| As Drilled Latitude: 39.502035 | As Drilled Longitude: -107.666934 | | | | | | |
| 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.: 196 feet. Direction: FNL Dist.: 668 feet. Direction: FEL | | | | | | | |
| Sec: 28 Twp: 6s Rng: 92w | | | | | | | |
| ** If directional footage at Bottom Hole Dist.: 204 feet. Direction: FNL Dist.: 671 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) 02/17/2010 13. Date TD: 07/21/2010 14. Date Casing Set or D&A: 07/22/2010 | | | | | | | |
| 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 7637 TVD** 7444 | | 17 Plug Back Total Depth MD 7636 TVD** 7443 | | | | | |
| 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: | | | | | | | |
| Previously submitted: mud, CBL, Temp, Triple Combo, Array Induction, Neutron Density, Caliper | | | | | | | |
| 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 | 42 | 0 | 40 | | 0 | 40 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 797 | 240 | 0 | 815 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,637 | 565 | 4,520 | 7,637 | 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 | 3,489 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,310 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Conductor cemented with grout. the 72 hour bradenhead pressure test 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: Brady Riley

Title: Permit Analyst Date: 12/27/2010 Email: briley@billbarrettcorp.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400119066 | 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> | | | | | |
| 400119065 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User Group Comment Comment Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)