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

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:

400119115

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

2. Name of Operator: BARRETT CORPORATION* BILL

3. Address: 1099 18TH ST STE 2300

   City: DENVER   State: CO   Zip: 80202

4. Contact Name: Brady Riley

   Phone: (303) 312-8115

   Fax: (303) 291-0420

5. API Number   05-045-18583-00

6. County: GARFIELD

7. Well Name: CBS   Well Number: 14B-21-692

8. Location: QtrQtr: NWSW   Section: 21   Township: 6S   Range: 92W   Meridian: 6

Footage at surface: Distance: 1907 feet   Direction: FSL   Distance: 1157 feet   Direction: FWL

   As Drilled Latitude: 39.510347   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.: 479 feet. Direction: FSL   Dist.: 676 feet. Direction: FWL

   Sec: 21   Twp: 6s   Rng: 92w

   ** If directional footage at Bottom Hole   Dist.: 473 feet. Direction: FSL   Dist.: 669 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) 03/15/2010 13. Date TD: 04/25/2010   14. Date Casing Set or D&A: 04/26/2010

15. Well Classification:

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

16. Total Depth   MD   7750   TVD**   7442   17 Plug Back Total Depth   MD   7697   TVD**   7389

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:

previously submitted: Mud, Temp, CBL, Triple Combo, Array Induction, Neutron Density, Caliper

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	42	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	841	240	0	860	CALC
1ST	7+7/8	4+1/2	11.6	0	7,740	565	4,770	7,750	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	3,667		☐	☐	
ROLLINS	7,425		☐	☐	

Comment:

Conductor cemented with grout. The 72 Hour 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: Brady Riley

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

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

	CMT Summary *	Yes	☐	No	☒
	Core Analysis	Yes	☐	No	☒
400119116	Directional Survey **	Yes	☒	No	☐
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☐	No	☒
	Other	Yes	☐	No	☒

Other Attachments

400119115	FORM 5 SUBMITTED	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)