

FORM
5

Rev
02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado

Oil and Gas Conservation Commission



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Document Number:

400168604

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: 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 05-045-19800-00 6. County: GARFIELD
 7. Well Name: GGU Federal Well Number: 42C-29-691
 8. Location: QtrQtr: NENE Section: 29 Township: 6S Range: 91W Meridian: 6
 Footage at surface: Distance: 1234 feet Direction: FNL Distance: 1312 feet Direction: FEL
 As Drilled Latitude: 39.502752 As Drilled Longitude: -107.573187

GPS Data:

Data of Measurement: 12/14/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: james kalmon

** If directional footage

at Top of Prod. Zone Distance: 1785 feet Direction: FNL Distance: 664 feet Direction: FEL
 Sec: 29 Twp: 6S Rng: 91W
 at Bottom Hole Distance: 1803 feet Direction: FNL Distance: 666 feet Direction: FEL
 Sec: 29 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC46972

12. Spud Date: (when the 1st bit hit the dirt) 12/09/2010 13. Date TD: 01/31/2011 14. Date Casing Set or D&A: 02/01/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7435 TVD 7333 17 Plug Back Total Depth MD 7389 TVD 7287

18. Elevations GR 6105 KB 6128 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, CBL, TEMP, TRIPLE COMBO, DENSITY, INDUCTION

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	42	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	827	240	0	845	CALC
1ST	7+7/8	4+1/2	11.6	0	7,433	960	2,360	7,435	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	3,565		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,149		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CONDUCTOR CEMENTED WITH GROUT.
 THE 72 HOUR BRADENHEAD PRESSURE TEST WAS 0 PSIG.
 8-3/4" HOLE SIZE WAS USED FROM BOTTOM OF SURFACE CASING TO 3900'. 7-7/8" WAS USED TO TD.

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
400168605	DIRECTIONAL SURVEY
400168606	PDF-CALIPER
400168607	PDF-DENSITY
400168608	PDF-INDUCTION
400168610	PDF-TRIPLE COMBINATION
400168612	PDF-TEMPERATURE
400168613	PDF-CEMENT BOND

Total Attach: 7 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)