

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400168875

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: Mary Pobuda
 2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8511
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-19797-00 6. County: GARFIELD
 7. Well Name: GGU Swanson Well Number: 32C-29-691
 8. Location: QtrQtr: NENE Section: 29 Township: 6S Range: 91W Meridian: 6
 Footage at surface: Distance: 1227 feet Direction: FNL Distance: 1327 feet Direction: FEL
 As Drilled Latitude: 39.502768 As Drilled Longitude: -107.573240

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: 1818 feet Direction: FNL Distance: 1979 feet Direction: FEL
 Sec: 29 Twp: 6S Rng: 91W
 at Bottom Hole Distance: 1831 feet Direction: FNL Distance: 1981 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: CO 10276
 12. Spud Date: (when the 1st bit hit the dirt) 12/09/2010 13. Date TD: 02/17/2011 14. Date Casing Set or D&A: 02/18/2011

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

16. Total Depth MD 7458 TVD 7355 17 Plug Back Total Depth MD 7409 TVD 7306

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:
CBL, Caliper, Density, Induction, Quicklook, Temp

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	36	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	746	240	0	765	CALC
1ST	7+7/8	4+1/2	11.6	0	7,455	975	5,708	7,458	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	3,486		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,152		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

72 hour Bradenhead Pressure Test was 0 psig. Conductor was set with grout. 8 3/4 was used from bottom of surface to 5495' then 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: Mary Pobuda

Title: Permit Analyst

Date:

Email: mpobuda@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
400168891	PDF-CALIPER
400168892	PDF-DENSITY
400168894	PDF-INDUCTION
400168896	PDF-TRIPLE COMBINATION
400168897	PDF-TEMPERATURE
400168898	DIRECTIONAL SURVEY
400168925	PDF-

Total Attach: 7 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)