

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

Document Number:
400144678

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: Valerie Walker
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8531
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19422-00 6. County: GARFIELD
7. Well Name: GGU MILLER FED Well Number: 33A-32-691
8. Location: QtrQtr: SESW Section: 32 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 1269 feet Direction: FSL Distance: 2311 feet Direction: FWL
As Drilled Latitude: 39.480547 As Drilled Longitude: -107.578783

GPS Data:

Data of Measurement: 01/07/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

** If directional footage at Top of Prod. Zone Dist.: 1525 feet. Direction: FSL Dist.: 2016 feet. Direction: FEL
Sec: 32 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 1525 feet. Direction: FSL Dist.: 1999 feet. Direction: FEL
Sec: 32 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) 10/02/2010 13. Date TD: 12/17/2010 14. Date Casing Set or D&A: 12/18/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7345 TVD** 7195 17 Plug Back Total Depth MD 7296 TVD** 7146

18. Elevations GR 6122 KB 6145

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 caliper, density, Induction, triple combo, mud, 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	16	42	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	779	240	0	800	CALC
1ST	7+7/8	4+1/2	11.6	0	7,342	960	2,130	7,345	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	3,291		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,049		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

conductor set with grout. 72 hour bradenhead pressure is 0 psig. Drilled 8 3/4" hole from base surface casing to 4161 feet, then 7 7/8" hole 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: Valerie A Walker

Title: Permit Analyst Date: 3/21/2011 Email: vwalker@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"/>
400144689	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>			
400144678	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)