

**FORM  
5**Rev  
02/08State 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:

400114626

**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 05-045-19452-00

6. County: GARFIELD

7. Well Name: GGU Barge

Well Number: 22D-32-691

8. Location: QtrQtr: SENW Section: 32 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 2014 feet Direction: FNL Distance: 2001 feet Direction: FWL

As Drilled Latitude: 39.486045 As Drilled Longitude: -107.579946

## GPS Data:

Data of Measurement: 08/23/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: C.D. Slaugh

\*\* If directional footage at Top of Prod. Zone Dist.: 1520 feet. Direction: FNL Dist.: 1987 feet. Direction: FWL

Sec: 32 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 1481 feet. Direction: FNL Dist.: 1990 feet. Direction: FWL

Sec: 32 Twp: 6S Rng: 91W

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) 08/16/2010 13. Date TD: 09/06/2010 14. Date Casing Set or D&amp;A: 09/07/2010

## 15. Well Classification:

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

16. Total Depth MD 7568 TVD\*\* 7534 17 Plug Back Total Depth MD 7519 TVD\*\* 7485

18. Elevations GR 6370 KB 6393

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:

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

## 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	765	240	0	785	CALC
1ST	7+7/8	4+1/2	11.6	0	7,565	915	2,800	7,568	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	3,548		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,279		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 hour bradenhead pressure test is 0 psig. Conductor was cemented with grout.

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: 1/10/2011 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"/>
400114628	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>					
400114626	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>
Permit	req digital logs	4/18/2011 3:48:17 PM

Total: 1 comment(s)