


<div>FORM 5</div> <div>Rev 02/08</div>	<div>State of Colorado</div> <div>Oil and Gas Conservation Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</div>	<div></div>	<table><tr><td>DE</td><td>ET</td><td>OE</td><td>ES</td></tr></table>	DE	ET	OE	ES
DE	ET	OE	ES				
<div>DRILLING COMPLETION REPORT</div> <div>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.</div>			<div>Document Number:</div> <div>400142105</div>				
<div>Completion Type <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion</div>							
<div>1. OGCC Operator Number: 10071</div> <div>2. Name of Operator: BARRETT CORPORATION* BILL</div> <div>3. Address: 1099 18TH ST STE 2300</div> <div>City: DENVER State: CO Zip: 80202</div>		<div>4. Contact Name: Valerie Walker</div> <div>Phone: (303) 312-8531</div> <div>Fax: (303) 291-0420</div>					
<div>5. API Number 05-045-19586-00</div> <div>7. Well Name: GGU DALEY</div> <div>8. Location: QtrQtr: SESW Section: 19 Township: 6S Range: 91W Meridian: 6</div> <div>Footage at surface: Distance: 300 feet Direction: FSL Distance: 2017 feet Direction: FWL</div> <div>As Drilled Latitude: As Drilled Longitude:</div> <div>GPS Data:</div> <div>Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:</div> <div>** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:</div> <div>Sec: Twp: Rng:</div> <div>** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:</div> <div>Sec: Twp: Rng:</div>		<div>6. County: GARFIELD</div> <div>Well Number: 34C-19-691</div>					
<div>9. Field Name: MAMM CREEK</div> <div>11. Federal, Indian or State Lease Number:</div>		<div>10. Field Number: 52500</div>					
<div>12. Spud Date: (when the 1st bit hit the dirt) 03/10/2011 13. Date TD: 14. Date Casing Set or D&amp;A:</div>							
<div>15. Well Classification:</div> <div><input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation</div>							
<div>16. Total Depth MD 810 TVD**</div>		<div>17 Plug Back Total Depth MD TVD**</div>					
<div>18. Elevations GR 5823 KB 5823</div>		<div>One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.</div>					
<div>19. List Electric Logs Run:</div>							
<div>20. Casing, Liner and Cement:</div>							

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

### 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		CALC
SURF	12+1/4	9+5/8	36	0	792	240	0	810	CALC

### 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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Conductor cemented with grout. Surface casing cement report attached. KB is ground level.

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: 3/16/2011 Email: vwalker@billbarrettcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400143223	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400142105	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)