


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400145816	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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 05-045-19420-00		6. County: GARFIELD					
7. Well Name: GGU MILLER FED		Well Number: 34B-32-691					
8. Location: QtrQtr: SESW Section: 32 Township: 6S Range: 91W Meridian: 6							
Footage at surface: Distance: 1223 feet Direction: FSL		Distance: 2298 feet Direction: FWL					
As Drilled Latitude: 39.480420		As Drilled Longitude: -107.578826					
GPS Data:							
Data of Measurement: 01/10/2011		PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett					
** If directional footage at Top of Prod. Zone		Dist.: 571 feet. Direction: FSL Dist.: 2030 feet. Direction: FEL					
Sec: 32 Twp: 6S Rng: 91W							
** If directional footage at Bottom Hole		Dist.: 547 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) 10/04/2010 13. Date TD: 11/14/2010 14. Date Casing Set or D&A: 11/15/2010							
15. Well Classification:							
<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							
16. Total Depth MD 7340 TVD** 7143		17 Plug Back Total Depth MD 7294 TVD** 7097					
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, neutron/density, Induction, triple combo, mud, CBL							

20. Casing, Liner and Cement:

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	40	CALC
SURF	12+1/4	9+5/8	36	0	769	240	0	785	CALC
1ST	7+7/8	4+1/2	11.6	0	7,339	1,032	1,950	7,340	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	
ROLLINS	3,290		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	7,039		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Conductor set with grout. The 72 hour bradenhead pressure test is 0 psig. Drilled 8 3/4" hole from bottom surface casing to 5344 feet.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Valerie Walker

Title: Permit Analyst Date: 3/23/2011 Email: vwalker@billbarretttcorp.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"/>
400145829	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>					
400145816	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)