

FORM
5Rev
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



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Document Number:

400177377

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 05-045-18660-00 6. County: GARFIELD
 7. Well Name: MILLER FEDERAL Well Number: 24D-31-691
 8. Location: QtrQtr: NWSE Section: 6 Township: 7S Range: 91W Meridian: 6
 Footage at surface: Distance: 2 feet Direction: FNL Distance: 2437 feet Direction: FEL
 As Drilled Latitude: 39.476888 As Drilled Longitude: -107.595036

GPS Data:

Data of Measurement: 02/23/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

** If directional footage

at Top of Prod. Zone Distance: 1134 feet Direction: FSL Distance: 2004 feet Direction: FWL
 Sec: 31 Twp: 6S Rng: 91W
 at Bottom Hole Distance: 1130 feet Direction: FSL Distance: 2000 feet Direction: FWL
 Sec: 31 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 5250011. Federal, Indian or State Lease Number: COC 06657612. Spud Date: (when the 1st bit hit the dirt) 07/13/2010 13. Date TD: 12/12/2010 14. Date Casing Set or D&A: 12/13/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation
16. Total Depth MD 7626 TVD 7207 17 Plug Back Total Depth MD 7575 TVD 716118. Elevations GR 6261 KB 6284

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:

Caliper, Mud, Triple Combo, Temperature, Sonic

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	768	240	0	790	CALC
1ST	7+7/8	4+1/2	11.6	0	7,622	990	2,530	7,625	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	3,565		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,306		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The Bradenhead Pressure Test was 0 psig. Conductor was set with grout. 8 3/4 hole size was used from bottom of surface casing to 4246' 7 7/8 hole size 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: Brady Riley

Title: Permit Analyst

Date:

Email: briley@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
400177419	PDF-CALIPER
400177420	PDF-MUD
400177421	PDF-TRIPLE COMBINATION
400177422	PDF-TEMPERATURE
400177423	PDF-SONIC
400177425	DIRECTIONAL SURVEY
400177426	FORM 5 SUBMITTED

Total Attach: 7 Files

General Comments

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

Total: 0 comment(s)