

**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:

400177558

**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 05-045-18657-00 6. County: GARFIELD  
7. Well Name: MILLER FEDERAL Well Number: 24A-31-691  
8. Location: QtrQtr: NWSE Section: 6 Township: 7S Range: 91W Meridian: 6  
Footage at surface: Distance: 20 feet Direction: FNL Distance: 2433 feet Direction: FEL  
As Drilled Latitude: 39.476839 As Drilled Longitude: -107.595025

## 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: 167 feet Direction: FSL Distance: 2004 feet Direction: FWL  
Sec: 31 Twp: 6S Rng: 91W  
at Bottom Hole Distance: 165 feet Direction: FSL Distance: 2000 feet Direction: FWL  
Sec: 31 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 52500  
11. Federal, Indian or State Lease Number: COC 066576

12. Spud Date: (when the 1st bit hit the dirt) 07/11/2010 13. Date TD: 12/23/2010 14. Date Casing Set or D&A: 12/24/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8130 TVD 7928 17 Plug Back Total Depth MD 8082 TVD 788318. Elevations GR 6262 KB 6185

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 Attached: Caliper, Triple Combination, Temperature

## 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	769	240	0	788	CALC
1ST	7+7/8	4+1/2	11.6	0	8,127	1,174	3,400	8,130	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	3,292		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,988		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 hour Bradenhead Pressure Test was 0 psig. Conductor was set 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: \_\_\_\_\_ 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
400177587	PDF-CALIPER
400177589	PDF-TRIPLE COMBINATION
400177592	PDF-TEMPERATURE
400177600	FORM 5 SUBMITTED
400177604	DIRECTIONAL SURVEY

Total Attach: 5 Files

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)