


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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:  2554397	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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:    10091		4. Contact Name:    JANNI KEIDEL					
2. Name of Operator:    BERRY PETROLEUM COMPANY		Phone:    (303) 999-4225					
3. Address:    1999 BROADWAY STE 3700		Fax:    (303) 999-4325					
City:    DENVER	State:    CO	Zip:    80202					
5. API Number    05-045-17233-00		6. County:    GARFIELD					
7. Well Name:    CHEVRON		Well Number:    6-25D					
8. Location:    QtrQtr:    LOT 11    Section:    6    Township:    6S    Range:    96W    Meridian:    6							
Footage at surface:    Distance:    2797    feet    Direction:    FNL		Distance:    1811    feet    Direction:    FWL					
As Drilled Latitude:    39.556784		As Drilled Longitude:    -108.153111					
GPS Data:							
Data of Measurement:    01/19/2010		PDOP Reading:    2.0    GPS Instrument Operator's Name:    ROBERT WOOD					
** If directional footage at Top of Prod. Zone		Dist.:    1752    feet. Direction:    FNL    Dist.:    1886    feet. Direction:    FWL					
Sec:    6    Twp:    6S    Rng:    96W							
** If directional footage at Bottom Hole		Dist.:    1789    feet. Direction:    FNL    Dist.:    1846    feet. Direction:    FWL					
Sec:    6    Twp:    6S    Rng:    96W							
9. Field Name:    GRAND VALLEY		10. Field Number:    31290					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt)    05/13/2010    13. Date TD:    05/23/2010    14. Date Casing Set or D&A:    05/24/2010							
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    10270    TVD**    10188		17 Plug Back Total Depth    MD    10201    TVD**    10119					
18. Elevations    GR    8223    KB    8246		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:							
CBL, RST							

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	30	20		0	117	100	0	1,174	CALC
SURF	16	9+5/8		0	2,260	1,669	0	2,260	CALC
1ST	8+3/4	4+1/2		0	10,249	538	4,250	10,249	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	
OHIO CREEK	6,756		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	7,147		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,857		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,106		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

TOG = 7867', TD = 10,270'

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

Signed: \_\_\_\_\_

Print Name: JANNI KEIDEL

Title: PERMITTING AGENT

Date: 6/17/2010

Email: kmoran@bry-consultant.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2554396	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2554395	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>					
2554397	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	REC HARD COPY LOGS, CBL #1292800, RST #1292801	6/6/2011 1:05:16 PM
Permit	req hard & digital copy logs	4/4/2011 10:50:16 AM

Total: 2 comment(s)