

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



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Document Number:
400160046

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 05-045-19429-00 6. County: GARFIELD
 7. Well Name: GGU MILLER Well Number: 24C-32-691
 8. Location: QtrQtr: SESW Section: 32 Township: 6S Range: 91W Meridian: 6
 Footage at surface: Distance: 1210 feet Direction: FSL Distance: 2284 feet Direction: FWL
 As Drilled Latitude: 39.480385 As Drilled Longitude: -107.570000

GPS Data:
 Data of Measurement: 01/07/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: JAMES KALMON

** If directional footage at Top of Prod. Zone Dist.: 874 feet. Direction: FSL Dist.: 2014 feet. Direction: FWL
 Sec: 32 Twp: 6S Rng: 91W
 ** If directional footage at Bottom Hole Dist.: 853 feet. Direction: FSL Dist.: 1986 feet. Direction: FWL
 Sec: 32 Twp: 6S Rng: 91W

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

12. Spud Date: (when the 1st bit hit the dirt) 07/10/2010 13. Date TD: 11/05/2010 14. Date Casing Set or D&A: 11/06/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7162 TVD** 7135 17 Plug Back Total Depth MD 7114 TVD** 7087

18. Elevations GR 6121 KB 6144 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, MUD, TEMP, CALIPER, INDUCTION, DENSITY

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	24	14	42	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	770	240	0	790	CALC
1ST	7+7/8	4+1/2	11.6	0	7,160	984	2,000	7,162	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	3,184		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,855		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CONDUCTOR WAS SET WITH GROUT.
THE 24-HOUR BRADENHEAD PRESSURE TEST WAS 0 PSIG.
8-3/4" HOLE SIZE FROM BOTTOM OF SURFACE CASING TO 5109'.

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: 4/28/2011 Email: briley@billbarrettcorp.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"/>
400160075	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400160046	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400160061	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400160068	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400160070	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400160072	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400160074	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

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

Total: 0 comment(s)