

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
DRILLING COMPLETION REPORT			Document Number: 400161117
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: <u>10071</u>		4. Contact Name: <u>Brady Riley</u>	
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>		Phone: <u>(303) 312-8115</u>	
3. Address: <u>1099 18TH ST STE 2300</u>		Fax: <u>(303) 291-0420</u>	
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>	
5. API Number <u>05-045-19430-00</u>		6. County: <u>GARFIELD</u>	
7. Well Name: <u>GGU MILLER</u>		Well Number: <u>23C-32-691</u>	
8. Location: QtrQtr: <u>SESW</u> Section: <u>32</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>1256</u> feet Direction: <u>FSL</u> Distance: <u>2297</u> feet Direction: <u>FWL</u>			
As Drilled Latitude: <u>39.480512</u> As Drilled Longitude: <u>-107.578831</u>			
GPS Data:			
Data of Measurement: <u>01/07/2011</u> PDOP Reading: <u>6.0</u> GPS Instrument Operator's Name: <u>James Kalmon</u>			
** If directional footage at Top of Prod. Zone Dist.: <u>2109</u> feet. Direction: <u>FSL</u> Dist.: <u>1995</u> feet. Direction: <u>FWL</u>			
Sec: <u>32</u> Twp: <u>6s</u> Rng: <u>91w</u>			
** If directional footage at Bottom Hole Dist.: <u>2130</u> feet. Direction: <u>FSL</u> Dist.: <u>1993</u> feet. Direction: <u>FWL</u>			
Sec: <u>32</u> Twp: <u>6s</u> Rng: <u>91w</u>			
9. Field Name: <u>MAMM CREEK</u>		10. Field Number: <u>52500</u>	
11. Federal, Indian or State Lease Number: _____			
12. Spud Date: (when the 1st bit hit the dirt) <u>10/08/2010</u> 13. Date TD: <u>12/08/2010</u> 14. Date Casing Set or D&A: <u>12/09/2010</u>			
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 <u>7333</u> TVD** <u>7209</u>		17 Plug Back Total Depth MD <u>7282</u> TVD** <u>7158</u>	
18. Elevations GR <u>6120</u> KB <u>6142</u>		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:			
<u>CBL, caliper, neutron density, Array induction, temp, triple combo</u>			
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	765	240	0	785	CALC
1ST	7+7/8	4+1/2	11.6	0	7,328	1,034	2,350	7,333	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	3,284		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,034		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Production hole size was 8-3/4" from bottom of surface casing to 5521', then 7-7/8" used to TD.
Conductor was cemented with grout.
The 72 hour bradenhead pressure was 0 psig.

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: 5/3/2011 Email: briley@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400161162	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"/>
Other Attachments			
400161117	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400161156	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400161157	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400161158	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400161159	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400161160	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400161161	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)