

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:
400163360

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 05-045-18662-00 6. County: GARFIELD
7. Well Name: MILLER FEDERAL Well Number: 23C-6-791
8. Location: QtrQtr: NWSE Section: 6 Township: 7S Range: 91W Meridian: 6
Footage at surface: Distance: 32 feet Direction: FNL Distance: 2423 feet Direction: FEL
As Drilled Latitude: 39.476806 As Drilled Longitude: -107.594987

GPS Data:

Data of Measurement: 02/23/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: JAMES KALMON

** If directional footage at Top of Prod. Zone Dist.: 582 feet. Direction: FNL Dist.: 2030 feet. Direction: FWL
Sec: 6 Twp: 7S Rng: 91W

** If directional footage at Bottom Hole Dist.: 578 feet. Direction: FNL Dist.: 2036 feet. Direction: FWL
Sec: 6 Twp: 7S 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: 01/06/2011 14. Date Casing Set or D&A: 01/08/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7255 TVD** 7011 17 Plug Back Total Depth MD 7208 TVD** 6964

18. Elevations GR 6263 KB 6286

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, CALIPER, DENSITY/NEUTRON, INDUCTION, TEMP, MUD

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		0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	737	240	0	737	CALC
1ST	7+7/8	4+1/2	11.6	0	7,242	1,072	1,400	7,255	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	3,264		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,956		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THE 72 HOUR BRADENHEAD PRESSURE TEST WAS 0 PSIG. CONDUCTOR WAS CEMENTED WITH GROUT. 8-3/4" HOLE SIZE WAS DRILLED FROM BOTTOM OF SURFACE CASING TO 5005'.

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: 5/10/2011 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"/>
400163361	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>			
400163360	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400163362	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400163363	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400163364	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400163366	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400163368	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400163369	PDF-MUD	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)