

FORM
5Rev
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:

400162733

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: Mary Pobuda

2. Name of Operator: BARRETT CORPORATION* BILL

Phone: (303) 312-8511

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19423-00

6. County: GARFIELD

7. Well Name: GGU MILLER FED

Well Number: 33C-32-691

8. Location: QtrQtr: SESW Section: 32 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 1284 feet Direction: FSL Distance: 2315 feet Direction: FWL

As Drilled Latitude: 39.480590 As Drilled Longitude: -107.578768

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.: 2146 feet. Direction: FSL Dist.: 2053 feet. Direction: FEL

Sec: 32 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 2189 feet. Direction: FSL Dist.: 2007 feet. Direction: FEL

Sec: 32 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC 46972

12. Spud Date: (when the 1st bit hit the dirt) 10/01/2010 13. Date TD: 12/22/2010 14. Date Casing Set or D&A: 12/24/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7475 TVD** 7243 17 Plug Back Total Depth MD 7427 TVD** 7195

18. Elevations GR 6119 KB 6142

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:

Caliper, Density, Induction, Quick Look and Temp

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	24	14	36	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	814	240	0	835	CALC
1ST	7+7/8	4+1/2	11.6	0	7,473	1,000	2,310	7,475	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	3,369		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,171		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

72 hour Bradenhead Pressure Test was 0 psig. Conductor was set with grout. 8 3/4 was used from bottom of surface to 4679' then 7 7/8 was used to TD.

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

Signed: _____

Print Name: Mary Pobuda

Title: Permit Analyst

Date: 5/19/2011

Email: mpobuda@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"/>
2072516	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>					
400162733	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400162915	PDF-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400162917	PDF-DENSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400162920	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400162923	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400162926	PDF-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC D/S AND ATTACHED	7/26/2011 1:25:30 PM
Permit	req d/s for this well	7/26/2011 12:08:37 PM

Total: 2 comment(s)