

**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

Document Number:

400199511

**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 05-045-19577-00

6. County: GARFIELD

7. Well Name: GGU DALEY

Well Number: 34D-19-691

8. Location: QtrQtr: SESW Section: 19 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 316 feet Direction: FSL Distance: 2017 feet Direction: FWL

As Drilled Latitude: 39.506617 As Drilled Longitude: -107.598999

## GPS Data:

Date of Measurement: 03/21/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: J. Kalmon

\*\* If directional footage at Top of Prod. Zone Dist.: 1150 feet. Direction: FSL Dist.: 1998 feet. Direction: FEL

Sec: 19 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 1167 feet. Direction: FSL Dist.: 1986 feet. Direction: FEL

Sec: 19 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) 03/09/2011 13. Date TD: 05/31/2011 14. Date Casing Set or D&amp;A: 06/01/2011

## 15. Well Classification:

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

16. Total Depth MD 7600 TVD\*\* 7254 17 Plug Back Total Depth MD 7549 TVD\*\* 7208

18. Elevations GR 5823 KB 5846

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, Triple Combo, Temperature, Induction, MUD

## 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	26	16	42	0	40		0		CALC
SURF	12+1/4	9+5/8	36	0	485	240	0	810	CALC
1ST	7+7/8	4+1/2	11.6	0	7,597	960	2,970	7,600	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	3,691		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,287		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 Hour Bradenhead Pressure Test was 0 psig. Conductor was set with grout. 8 /4 hole size was used to drill from the bottom of surface casing to 5408' then 7 7/8 hole size was drilled 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: Brady Riley

Title: Permit Analyst

Date: 8/30/2011

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"/>
400199539	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>					
400199511	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400199522	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400199524	PDF-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400199525	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400199537	PDF-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400199538	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group**      **Comment****Comment Date**

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Total: 0 comment(s)