

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:  
400199628

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  
2. Name of Operator: BARRETT CORPORATION\* BILL  
3. Address: 1099 18TH ST STE 2300  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Brady Riley  
Phone: (303) 312-8115  
Fax: (303) 291-0420

5. API Number 05-045-19587-00  
6. County: GARFIELD  
7. Well Name: GGU DALEY  
Well Number: 34A-19-691  
8. Location: QtrQtr: SESW Section: 19 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 284 feet Direction: FSL Distance: 2018 feet Direction: FWL  
As Drilled Latitude: 39.506530 As Drilled Longitude: -107.598995

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.: 237 feet. Direction: FSL Dist.: 1982 feet. Direction: FEL  
Sec: 19 Twp: 6S Rng: 91W  
\*\* If directional footage at Bottom Hole Dist.: 216 feet. Direction: FSL Dist.: 1982 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) 03/10/2011 13. Date TD: 05/10/2011 14. Date Casing Set or D&A: 05/11/2011

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

16. Total Depth MD 7520 TVD\*\* 7243 17 Plug Back Total Depth MD 7474 TVD\*\* 7196

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

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	40	CALC
SURF	12+1/4	9+5/8	36	0	795	240	0	815	CALC
1ST	7+7/8	4+1/2	11.6	0	7,518	970	2,880	7,520	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	3,633		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,207		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 Hour Bradenhead Pressure Test was 0 psig. Conductor was set with grout. 8 3/4 hole size was drilled from the bottom of surface casing to 5867' then 7 7/8 hole size was used to drill 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: 9/1/2011

Email: briley@billbarrettcorp.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400199635	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"/>
<b>Other Attachments</b>			
400199628	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400199644	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400199650	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400199653	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400199654	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)