

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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| DE | ET | OE | ES |
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Document Number:

400208908

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 05-045-19584-00 6. County: GARFIELD
 7. Well Name: GGU DALEY Well Number: 24A-19-691
 8. Location: QtrQtr: SESW Section: 19 Township: 6S Range: 91W Meridian: 6
 Footage at surface: Distance: 252 feet Direction: FSL Distance: 2008 feet Direction: FWL
 As Drilled Latitude: 39.506441 As Drilled Longitude: -107.599028

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

** If directional footage
 at Top of Prod. Zone Distance: 169 feet Direction: FSL Distance: 1991 feet Direction: FWL
 Sec: 19 Twp: 6S Rng: 91W
 at Bottom Hole Distance: 161 feet Direction: FSL Distance: 1989 feet Direction: FWL
 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) 03/18/2011 13. Date TD: 04/23/2011 14. Date Casing Set or D&A: 04/24/2011

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

16. Total Depth MD 7279 TVD 7275 17 Plug Back Total Depth MD 7233 TVD 7221

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 | 65 | 0 | 40 | | 0 | 40 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 810 | 240 | 0 | 788 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,277 | 900 | 2,710 | 7,279 | 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 | 3,410 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 6,985 | | <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 4434' 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:

Email: briley@billbarrettcorp.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------------|
| 400208926 | PDF-CEMENT BOND |
| 400208927 | PDF-TRIPLE COMBINATION |
| 400208934 | PDF-TEMPERATURE |
| 400208936 | PDF-CALIPER |
| 400208937 | PDF-MUD |
| 400208938 | FORM 5 SUBMITTED |
| 400208939 | DIRECTIONAL SURVEY |

Total Attach: 7 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)