

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:
400209089

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 05-045-19757-00
6. County: GARFIELD
7. Well Name: CB-TG Land Well Number: 11D-20-692
8. Location: QtrQtr: NWNE Section: 20 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 628 feet Direction: FNL Distance: 2581 feet Direction: FEL
As Drilled Latitude: 39.517759 As Drilled Longitude: -107.690269

GPS Data:

Data of Measurement: 04/14/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

** If directional footage

at Top of Prod. Zone Distance: 100 feet Direction: FNL Distance: 644 feet Direction: FWL
Sec: 20 Twp: 6S Rng: 92W
at Bottom Hole Distance: 114 feet Direction: FNL Distance: 643 feet Direction: FWL
Sec: 20 Twp: 6S Rng: 92W

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) 04/10/2011 13. Date TD: 06/26/2011 14. Date Casing Set or D&A: 06/27/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8193 TVD 7643 17 Plug Back Total Depth MD 8148 TVD 7612

18. Elevations GR 5530 KB 5553 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, Temperature, Triple Combo

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	838	240	0	861	CALC
1ST	7+7/8	4+1/2	11.6	0	8,192	620	5,050	8,193	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	3,970		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,840		<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 used to drill from the bottom of surface casing to 5466' 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
400209115	PDF-CEMENT BOND
400209116	PDF-CALIPER
400209117	PDF-TRIPLE COMBINATION
400209118	PDF-TEMPERATURE
400209120	FORM 5 SUBMITTED
400209122	DIRECTIONAL SURVEY

Total Attach: 6 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)