

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:

400209229

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 05-045-19752-00

6. County: GARFIELD

7. Well Name: CB-TG Land

Well Number: 11C-20-692

8. Location: QtrQtr: NWNE Section: 20 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 658 feet Direction: FNL Distance: 2572 feet Direction: FEL

As Drilled Latitude: 39.517674 As Drilled Longitude: -107.690238

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: 412 feet Direction: FNL Distance: 543 feet Direction: FWL

Sec: 20 Twp: 6S Rng: 92W

at Bottom Hole Distance: 430 feet Direction: FNL Distance: 656 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) 04/09/2011 13. Date TD: 06/15/2011 14. Date Casing Set or D&A: 06/16/2011

15. Well Classification:

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

16. Total Depth MD 8110 TVD 7607 17 Plug Back Total Depth MD 8061 TVD 7558

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	16	36#	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36#	0	835	240	0	850	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,109	590	5,025	8,110	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	3,953		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,794		<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 5753' 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
400209230	PDF-CEMENT BOND
400209231	PDF-TEMPERATURE
400209232	PDF-CALIPER
400209233	PDF-TRIPLE COMBINATION
400209234	DIRECTIONAL SURVEY
400209235	FORM 5 SUBMITTED

Total Attach: 6 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)