

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:
400210870

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 05-045-19779-00
6. County: GARFIELD
7. Well Name: CB-TG Land Well Number: 21B-20-692
8. Location: QtrQtr: NWNE Section: 20 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 689 feet Direction: FNL Distance: 2564 feet Direction: FEL
As Drilled Latitude: 39.517590 As Drilled Longitude: -107.690208

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: 828 feet Direction: FNL Distance: 1979 feet Direction: FWL
Sec: 20 Twp: 6S Rng: 92W
at Bottom Hole Distance: 830 feet Direction: FNL Distance: 1978 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) 04/08/2011 13. Date TD: 06/04/2011 14. Date Casing Set or D&A: 06/04/2011

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

16. Total Depth MD 7640 TVD 7562 17 Plug Back Total Depth MD 7592 TVD 7514

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 | 795 | 240 | 0 | 818 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,639 | 560 | 4,350 | 7,640 | 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 | 3,672 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,332 | | <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 4712' 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 |
|-------------|------------------------|
| 400210871 | PDF-TEMPERATURE |
| 400210872 | PDF-CEMENT BOND |
| 400210873 | PDF-CALIPER |
| 400210874 | PDF-TRIPLE COMBINATION |
| 400210875 | DIRECTIONAL SURVEY |
| 400210876 | FORM 5 SUBMITTED |

Total Attach: 6 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)