

Document Number:  
 400209776

**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 05-045-19759-00 6. County: GARFIELD  
 7. Well Name: CB-TG Land Well Number: 21D-20-692  
 8. Location: QtrQtr: NWNE Section: 20 Township: 6S Range: 92W Meridian: 6  
 Footage at surface: Distance: 612 feet Direction: FNL Distance: 2585 feet Direction: FEL  
 As Drilled Latitude: 39.517801 As Drilled Longitude: -107.690285

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

\*\* If directional footage at Top of Prod. Zone Dist.: 91 feet. Direction: FNL Dist.: 1971 feet. Direction: FWL  
 Sec: 20 Twp: 6S Rng: 92W  
 \*\* If directional footage at Bottom Hole Dist.: 103 feet. Direction: FNL Dist.: 1976 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) 04/11/2011 13. Date TD: 07/02/2011 14. Date Casing Set or D&A: 07/03/2011

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

16. Total Depth MD 7770 TVD\*\* 7665 17 Plug Back Total Depth MD 7725 TVD\*\* 7620

18. Elevations GR 5529 KB 5552 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	789	240	0	810	CALC
1ST	7+7/8	4+1/2	11.6	0	7,769	620	4,570	7,770	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	3,708		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,406		<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 4802' 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: 10/3/2011 Email: briley@billbarrettcorp.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400210857	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"/>
<u>Other Attachments</u>			
400209776	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400209778	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400209779	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400209780	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400209781	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)