

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:  
2072834

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: MATT BARBER  
Phone: (303) 312-8168  
Fax: (303) 291-0420

5. API Number 05-045-17551-00  
6. County: GARFIELD  
7. Well Name: GGU JOLLEY FEDERAL  
Well Number: 21D-21-691  
8. Location: QtrQtr: NENW Section: 21 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 716 feet Direction: FNL Distance: 2128 feet Direction: FWL  
As Drilled Latitude: 39.518776 As Drilled Longitude: -107.561248

GPS Data:  
Date of Measurement: 11/05/2009 PDOP Reading: 6.0 GPS Instrument Operator's Name: JAMES A KALMON

\*\* If directional footage at Top of Prod. Zone Dist.: 215 feet. Direction: FNL Dist.: 1984 feet. Direction: FWL  
Sec: 21 Twp: 6S Rng: 94W  
\*\* If directional footage at Bottom Hole Dist.: 204 feet. Direction: FNL Dist.: 1952 feet. Direction: FWL  
Sec: 21 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) 01/07/2009 13. Date TD: 03/07/2009 14. Date Casing Set or D&A: 03/05/2009

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

16. Total Depth MD 7770 TVD\*\* 7732 17 Plug Back Total Depth MD 7731 TVD\*\* 7693

18. Elevations GR 6845 KB 6867  
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:  
TRIPLE COMBO, TEMP LOG, CBL, AI, MUD, HOLE VOL, DEN/NEU

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		0	40	0	0	40	CALC
SURF	12+1/4	9+5/8		0	835	450	0	835	CALC
1ST	7+7/8	4+1/2		0	7,731	1,010	3,600	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	4,019		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,630		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: MATT BARBER

Title: PERMIT ANALYST Date: 11/19/2009 Email: MBARBER@BILLBARRETTCORP.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
2072833	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2072830	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
2072834	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)