

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:

2072822

## 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: MATT BARBER

2. Name of Operator: BARRETT CORPORATION\* BILL

Phone: (303) 312-8168

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-045-17751-00

6. County: GARFIELD

7. Well Name: GGU JOLLEY FEDERAL

Well Number: 21B-28-691

8. Location: QtrQtr: SWSW Section: 21 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 117 feet Direction: FSL Distance: 1178 feet Direction: FWL

As Drilled Latitude: 39.506585 As Drilled Longitude: -107.564457

## GPS Data:

Data of Measurement: 10/12/2009 PDOP Reading: 6.0 GPS Instrument Operator's Name: J KALMON

\*\* If directional footage at Top of Prod. Zone Dist.: 823 feet. Direction: FSL Dist.: 2001 feet. Direction: FWL

Sec: 28 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 845 feet. Direction: FSL Dist.: 1965 feet. Direction: FWL

Sec: 28 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) 12/10/2009 13. Date TD: 12/19/2008 14. Date Casing Set or D&amp;A: 12/21/2008

## 15. Well Classification:

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

16. Total Depth MD 8040 TVD\*\* 7875 17 Plug Back Total Depth MD 7995 TVD\*\* 7830

18. Elevations GR 6655 KB 6677

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, MUD, AI, 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	883	240	0	888	CALC
1ST	7+7/8	4+1/2		0	7,995	970	2,970	8,040	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	4,191		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,762		<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: 11/13/2009 Email: MBARBER@BILLBARRETTCORP.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072823	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072824	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"/>
<u>Other Attachments</u>					
2072822	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)