

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:
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&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)