

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:
2609666

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 05-045-17752-00
6. County: GARFIELD
7. Well Name: GGU JOLLEY FEDERAL
Well Number: 21D-28-691
8. Location: QtrQtr: SWSW Section: 21 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 149 feet Direction: FSL Distance: 1178 feet Direction: FWL
As Drilled Latitude: 39.506675 As Drilled Longitude: -107.564459

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.: 199 feet. Direction: FNL Dist.: 2020 feet. Direction: FWL
Sec: 28 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 185 feet. Direction: FNL Dist.: 1994 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) 01/01/2009 13. Date TD: 01/11/2009 14. Date Casing Set or D&A: 01/13/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7935 TVD** 7845 17 Plug Back Total Depth MD 7907 TVD** 7817

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, AI, HOLE VOL, MUD

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	852	240	0	854	CALC
1ST	7+7/8	4+1/2		0	7,907	900	3,850	7,935	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	4,122		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,667		<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.CORP

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2072828	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2072829	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>			
2609666	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)