

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:

400223682

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 05-045-19675-00 6. County: GARFIELD
 7. Well Name: Jolley Well Number: 42D-20-691
 8. Location: QtrQtr: SWNE Section: 20 Township: 6S Range: 91W Meridian: 6
 Footage at surface: Distance: 2602 feet Direction: FNL Distance: 1740 feet Direction: FEL
 As Drilled Latitude: 39.513398 As Drilled Longitude: -107.574911

GPS Data:

Data of Measurement: 06/07/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

** If directional footage at Top of Prod. Zone Dist.: 1454 feet. Direction: FNL Dist.: 669 feet. Direction: FEL
 Sec: 20 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 1439 feet. Direction: FNL Dist.: 677 feet. Direction: FEL
 Sec: 20 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) 05/24/2011 13. Date TD: 07/21/2011 14. Date Casing Set or D&A: 07/22/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7987 TVD** 7586 17 Plug Back Total Depth MD 7939 TVD** 7539

18. Elevations GR 6457 KB 6480

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, Triple Combo, Temperature, 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 | 24 | 14 | 36 | 0 | 40 | | 0 | 40 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 837 | 240 | 0 | 855 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,987 | 1,000 | 2,740 | 7,987 | 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 | 4,082 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,671 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

The 72 Hour Bradenhead Pressure Test was 0 psig. Conductor was set with grout. 8 3/4 was drilled from the bottom of surface casing to 4987' 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: 11/17/2011 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"/> |
| 400223705 | 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> | | | |
| 400223682 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400223688 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400223689 | PDF-TEMPERATURE | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400223700 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400223703 | PDF-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)