

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:

400249811

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: Brady Riley  
Phone: (303) 312-8115  
Fax: (303) 291-0420

5. API Number 05-045-19517-00  
6. County: GARFIELD  
7. Well Name: GGU FEDERAL  
Well Number: 33D-20-691  
8. Location: QtrQtr: SWSE Section: 20 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 1216 feet Direction: FSL Distance: 1754 feet Direction: FEL  
As Drilled Latitude: 39.509451 As Drilled Longitude: -107.574885

GPS Data:  
Date of Measurement: 12/15/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

\*\* If directional footage at Top of Prod. Zone Dist.: 2374 feet. Direction: FSL Dist.: 1995 feet. Direction: FEL  
Sec: 20 Twp: 6S Rng: 91W  
\*\* If directional footage at Bottom Hole Dist.: 2431 feet. Direction: FSL Dist.: 2006 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: COC50126

12. Spud Date: (when the 1st bit hit the dirt) 06/05/2011 13. Date TD: 09/20/2011 14. Date Casing Set or D&A: 09/21/2011

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

16. Total Depth MD 7975 TVD\*\* 7714 17 Plug Back Total Depth MD 7927 TVD\*\* 7664

18. Elevations GR 6472 KB 6494  
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	26	16	36	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	831	270	0	850	CALC
1ST	7+7/8	4+1/2	11.6	0	7,975	1,000	3,030	7,975	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	4,098		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,651		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 Hour Bradenhead Pressure Test was 0 psig. Conductor was cemented with grout. 8 3/4 hole size was used to drill from the bottom of surface casing to 5373' 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: \_\_\_\_\_ 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"/>
400249823	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>			
400249817	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400249818	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400249819	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400249821	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400249824	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)