

Document Number:  
400270805

Date Received:

**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: Julie Webb  
 2. Name of Operator: BARRETT CORPORATION\* BILL Phone: (303) 312-8714  
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-07929-00 6. County: GARFIELD  
 7. Well Name: SCOTT Well Number: 2-36  
 8. Location: QtrQtr: NWNE Section: 36 Township: 6S Range: 92W Meridian: 6  
 Footage at surface: Distance: 1128 feet Direction: FNL Distance: 2399 feet Direction: FEL  
 As Drilled Latitude: 39.488056 As Drilled Longitude: -107.613889

GPS Data:  
 Date of Measurement: 03/22/2001 PDOP Reading: 0.0 GPS Instrument Operator's Name: Robert Kay

\*\* If directional footage at Top of Prod. Zone Dist.: 1302 feet. Direction: FNL Dist.: 2392 feet. Direction: FEL  
 Sec: 36 Twp: 6S Rng: 92W  
 \*\* If directional footage at Bottom Hole Dist.: 1360 feet. Direction: FNL Dist.: 2353 feet. Direction: FEL  
 Sec: 36 Twp: 6S Rng: 92W

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) 11/12/2001 13. Date TD: 11/21/2001 14. Date Casing Set or D&A: 11/22/2001

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

16. Total Depth MD 5560 TVD\*\* 5292 17 Plug Back Total Depth MD 5515 TVD\*\* 5292

18. Elevations GR 5888 KB 2903 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:

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
SURF	12+1/4	8+5/8	24	0	650	350	0	350	CALC
1ST	7+7/8	4+1/2	11.6	0	5,560	900	0	5,560	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	
WASATCH	0		<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,033		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Revised 5 is being submitted to correct the BHL qtr/qtr from the NWNE to the SWNE. The well was permitted as a vertical well but deviated approx. ~236' south during drilling, which placed the BHL in a different qtr/qtr than what was permitted and reported on the previously submitted form 5. Attached is the Gyro Directional Survey for your reference.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Julie Webb

Title: Permit Analyst Date: \_\_\_\_\_ Email: jwebb@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"/>
400270816	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"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)