

**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



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Document Number:  
400264090

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: Megan Finnegan  
 2. Name of Operator: BARRETT CORPORATION\* BILL Phone: (303) 299-9949  
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20741-01 6. County: GARFIELD  
 7. Well Name: GGU Kaufman Well Number: 32D-30-691  
 8. Location: QtrQtr: Lot 2 Section: 30 Township: 6S Range: 91W Meridian: 6  
 Footage at surface: Distance: 1680 feet Direction: FNL Distance: 1007 feet Direction: FWL  
 As Drilled Latitude: 39.501087 As Drilled Longitude: -107.602495

GPS Data:  
 Date of Measurement: 07/25/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

\*\* If directional footage at Top of Prod. Zone Dist.: 1462 feet. Direction: FNL Dist.: 2006 feet. Direction: FEL  
 Sec: 30 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 1467 feet. Direction: FNL Dist.: 1941 feet. Direction: FEL  
 Sec: 30 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) 09/12/2011 13. Date TD: 12/24/2012 14. Date Casing Set or D&A: 12/25/2011

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

16. Total Depth MD 7900 TVD\*\* 7230 17 Plug Back Total Depth MD 7852 TVD\*\* 7178

18. Elevations GR 5835 KB 5858 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, Mud, Temp, Triple Combo

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	826	240	0	842	CALC
1ST	7+7/8	4+1/2	11.6	0	7,896	645	4,750	7,900	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	3,860		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,587		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 Hour Bradenhead Pressure Test was 0psig. Conductor was cemented with grout. 8 3/8 hole size was used to drill from the bottom of surface casing to 5585' 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: Megan Finnegan

Title: Permit Analyst Date: \_\_\_\_\_ Email: mfinnegan@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"/>
400264111	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>			
400264097	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264102	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264106	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264109	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400265829	DIRECTIONAL DATA	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)