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Document Number:  
400284887

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 05-045-19686-00 6. County: GARFIELD  
 7. Well Name: Kaufman Well Number: 42D-25-692  
 8. Location: QtrQtr: NWNW Section: 30 Township: 6S Range: 91W Meridian: 6  
 Footage at surface: Distance: 939 feet Direction: FNL Distance: 435 feet Direction: FWL  
 As Drilled Latitude: 39.503092 As Drilled Longitude: -107.604554

GPS Data:  
 Date of Measurement: 04/21/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

\*\* If directional footage at Top of Prod. Zone Dist.: 1517 feet. Direction: FNL Dist.: 658 feet. Direction: FEL  
 Sec: 25 Twp: 6S Rng: 92W  
 \*\* If directional footage at Bottom Hole Dist.: 1544 feet. Direction: FNL Dist.: 657 feet. Direction: FEL  
 Sec: 25 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) 08/30/2011 13. Date TD: 03/04/2012 14. Date Casing Set or D&A: 03/05/2012

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

16. Total Depth MD 7567 TVD\*\* 7317 17 Plug Back Total Depth MD 7513 TVD\*\* 7263

18. Elevations GR 5789 KB 5811  
 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, Temp, Triple Combo, 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	42	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	819	240	0	837	CALC
1ST	7+7/8	4+1/2	11.6	0	7,557	782	3,570	7,567	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	3,567		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,237		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 Hour Bradenhead Pressure Test was 0 psig. Conductor was cemented with grout. 8 3/8 hole size was used to drill from bottom of surface casing to 5585' then 7 7/8 hole size was used to drill 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: 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"/>
400284912	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>			
400284904	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400284908	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400284909	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400284911	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400285661	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)