

FORM  
5

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400265831

Date Received:

04/12/2012

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: Megan Finnegan  
Phone: (303) 299-9949  
Fax: (303) 291-0420

5. API Number 05-045-20733-00  
6. County: GARFIELD  
7. Well Name: GGU Kaufman Well Number: 12B-30-691  
8. Location: QtrQtr: LOT 2 Section: 30 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 1673 feet Direction: FNL Distance: 1002 feet Direction: FWL  
As Drilled Latitude: 39.501104 As Drilled Longitude: -107.602512

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.: 2160 feet. Direction: FNL Dist.: 667 feet. Direction: FWL  
Sec: 30 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 2172 feet. Direction: FNL Dist.: 655 feet. Direction: FWL  
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) 09/08/2011 13. Date TD: 12/29/2011 14. Date Casing Set or D&A: 12/30/2011

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

16. Total Depth MD 7341 TVD\*\* 7288 17 Plug Back Total Depth MD 7292 TVD\*\* 7238

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, Triple Combo, Mud, Temp

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	788	240	0	807	CALC
1ST	7+7/8	4+1/2	11.6	0	7,336	645	4,000	7,341	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	3,398		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,998		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 Hour Bradenhead Pressure Test was 0psig. Cpnductor was cemented with grout. 8 3/4 hold size was used to drill from bottom of surface casing to 4730' 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: 4/12/2012 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"/>
400265858	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>			
400265831	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400265838	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400265839	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400265841	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400265847	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400265861	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group      Comment      Comment Date**

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Total: 0 comment(s)