



DE	ET	OE	ES
----	----	----	----

Document Number:  
400307203

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) 299-9499  
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-21250-00 6. County: GARFIELD  
 7. Well Name: GGU Well Number: 14A-30-691  
 8. Location: QtrQtr: SWSW Section: 30 Township: 6S Range: 91W Meridian: 6  
 Footage at surface: Distance: 436 feet Direction: FSL Distance: 151 feet Direction: FWL  
 As Drilled Latitude: 39.492409 As Drilled Longitude: -107.605385

GPS Data:  
 Date of Measurement: 03/06/2012 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

\*\* If directional footage at Top of Prod. Zone Dist.: 316 feet. Direction: FSL Dist.: 350 feet. Direction: FWL  
 Sec: 30 Twp: 6S Rng: 91W  
 \*\* If directional footage at Bottom Hole Dist.: 156 feet. Direction: FSL Dist.: 695 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: CO10261

12. Spud Date: (when the 1st bit hit the dirt) 02/24/2012 13. Date TD: 05/24/2012 14. Date Casing Set or D&A: 05/25/2012

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

16. Total Depth MD 7272 TVD\*\* 7214 17 Plug Back Total Depth MD 7221 TVD\*\* 7163

18. Elevations GR 5924 KB 5947  
 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	24	14	36	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	727	240	0	747	CALC
1ST	7+7/8	4+1/2	11.6	0	7,267	1,095	1,859	7,272	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	3,390		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,963		<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 bottom of surface casing to 5392' then 7 7/8 hole size was drilled to TD. As drilled GPS is taken from conductor. Surface casing is set with Air Rig.

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 ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400307240	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"/>
<b>Other Attachments</b>			
400307230	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400307232	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400307237	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400307238	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400315521	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)