

**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



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Document Number:
400326748

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 05-045-21260-00	6. County: GARFIELD
7. Well Name: GGU	Well Number: 24A-30-691
8. Location: QtrQtr: SWSW Section: 30 Township: 6S Range: 91W Meridian: 6	
Footage at surface: Distance: 434 feet Direction: FSL	Distance: 198 feet Direction: FWL
As Drilled Latitude: 39.492407	As Drilled Longitude: -107.605216

GPS Data:

Data 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.: 546 feet. Direction: FSL Dist.: 2034 feet. Direction: FWL

Sec: 30 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 534 feet. Direction: FSL Dist.: 1999 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) 02/25/2012	13. Date TD: 04/03/2012	14. Date Casing Set or D&A: 04/04/2012
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15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7870 TVD** 7258	17 Plug Back Total Depth MD 7813 TVD** 7201
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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.
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19. List Electric Logs Run:

CBL, Triple Combo, Temp, 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	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	7,560	1,055	2,600	7,870	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	3,851		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,524		<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 the 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 ?			
<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"/>
400326751	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>					
400326750	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326752	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326756	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326761	LAS-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400326765	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)