

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:
400341995

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 05-045-20869-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: 14B-34-691
 8. Location: QtrQtr: SESE Section: 33 Township: 6S Range: 91W Meridian: 6
 Footage at surface: Distance: 648 feet Direction: FSL Distance: 1089 feet Direction: FEL
 As Drilled Latitude: 39.479179 As Drilled Longitude: -107.553251

GPS Data:

Date of Measurement: 06/04/2012 PDOP Reading: 6.0 GPS Instrument Operator's Name: T Barnett

** If directional footage at Top of Prod. Zone Dist.: 536 feet. Direction: FSL Dist.: 661 feet. Direction: FWL
 Sec: 34 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 526 feet. Direction: FSL Dist.: 662 feet. Direction: FWL
 Sec: 34 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 52500
 11. Federal, Indian or State Lease Number: COC066718

12. Spud Date: (when the 1st bit hit the dirt) 12/30/2012 13. Date TD: 06/22/2012 14. Date Casing Set or D&A: 06/23/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9008 TVD** 8614 17 Plug Back Total Depth MD 8960 TVD** 8566

18. Elevations GR 6747 KB 6770

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	868	250	0	887	CALC
1ST	7+7/8	4+1/2	11.6	0	9,007	1,150	3,390	9,008	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	4,321		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,065		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 hr bradenhead pressure is 0 psig. Conductor was set with Grout. 8-3/4" hole size was used from bottom of surface casing to 6055' and then 7-7/8" was used 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: 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"/>
400342003	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>			
400341998	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400341999	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400342001	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400342002	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400345067	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)