

**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:  
400348092

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: Erin Joseph  
 2. Name of Operator: BARRETT CORPORATION\* BILL Phone: (303) 3128738  
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 2910420  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-21110-00 6. County: GARFIELD  
 7. Well Name: Dixon Federal Well Number: 11C-23-692  
 8. Location: QtrQtr: SWNW Section: 23 Township: 6S Range: 92W Meridian: 6  
 Footage at surface: Distance: 1495 feet Direction: FNL Distance: 350 feet Direction: FWL  
 As Drilled Latitude: 39.515757 As Drilled Longitude: -107.642477

GPS Data:  
 Date of Measurement: 08/13/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: James Kalmon

\*\* If directional footage at Top of Prod. Zone Dist.: 536 feet. Direction: FNL Dist.: 653 feet. Direction: FWL  
 Sec: 23 Twp: 6s Rng: 92w  
 \*\* If directional footage at Bottom Hole Dist.: 536 feet. Direction: FNL Dist.: 662 feet. Direction: FWL  
 Sec: 23 Twp: 6s Rng: 92w

9. Field Name: MAMM CREEK 10. Field Number: 52500  
 11. Federal, Indian or State Lease Number: COC15976

12. Spud Date: (when the 1st bit hit the dirt) 03/23/2012 13. Date TD: 06/20/2012 14. Date Casing Set or D&A: 03/24/2012

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

16. Total Depth MD 7870 TVD\*\* 7745 17 Plug Back Total Depth MD 7818 TVD\*\* 7693

18. Elevations GR 5878 KB 5901 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
SURF	12+1/4	9+5/8	36	0	811	240	0	832	CALC
1ST	7+7/8	4+1/2	11.6	2610	7,870	1,063	2,586	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	3,943		<input type="checkbox"/>	<input type="checkbox"/>	
ILES	7,589		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 hour bradenhead pressure is 0 psig. Conductor was set with Grout. 8 1/2" hole size was used from bottom of surface casing to 5094' and then 7 7/8" was used to TD. As drilled GPS is taken from conductor. Surface casing was set with an 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: Erin Joseph

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email: ejoseph@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"/>
400348182	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>			
400348120	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400349811	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400350104	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400350105	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400350118	LAS-TEMPERATURE	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)