

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400089122

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: Elaine Winick
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8168
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18666-00 6. County: GARFIELD
7. Well Name: MILLER Well Number: 33C-6-791
8. Location: QtrQtr: NWSE Section: 6 Township: 7S Range: 91W Meridian: 6
Footage at surface: Direction: FNL Distance: 50 Direction: FEL Distance: 2394
As Drilled Latitude: _____ As Drilled Longitude: _____
GPS Data:
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____
** If directional footage
at Top of Prod. Zone Distance: _____ Direction: _____ Distance: _____ Direction: _____
at Bottom Hole Distance: _____ Direction: _____ Distance: _____ Direction: _____
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) 07/13/2010 13. Date TD: _____ 14. Date Casing Set or D&A: _____

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

16. Total Depth MD 740 TVD _____ 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 6263 KB 6286 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: _____

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Bottom | Cement Top |
|-------------|--------------|----------------|-----------------|---------------|--------------|---------------|------------|
| CONDUCTOR | 26 | 16 | 42 | 40 | 0 | 40 | 0 |
| SURF | 12+1/4 | 9+5/8 | 36 | 723 | 240 | 740 | 0 |

REMEDIAL CEMENT

Cement work date: _____

Details of work: _____

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Elaine Winick

Title: _____ Date: _____ Email: ewinick@billbarrettcorp.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name | Doc Description |
|-------------|------|---|
| 400089125 | | Bill Barrett Miller 33C-6-791 Surface PJR.pdf |

Total Attach: 1 Files