

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400110785

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: 10091 4. Contact Name: Kallasandra Moran
2. Name of Operator: BERRY PETROLEUM COMPANY Phone: (303) 999-4225
3. Address: 1999 BROADWAY STE 3700 Fax: (303) 999-4325
City: DENVER State: CO Zip: 80202

5. API Number 05-045-12849-00 6. County: GARFIELD
7. Well Name: GRANLEE OM Well Number: 01D B10 696
8. Location: QtrQtr: NWNE Section: 10 Township: 6S Range: 96W Meridian: 6
Footage at surface: Distance: 829 feet Direction: FNL Distance: 1417 feet Direction: FEL
As Drilled Latitude: 39.542470 As Drilled Longitude: -108.091106

GPS Data:

Data of Measurement: 11/02/2007 PDOP Reading: 2.5 GPS Instrument Operator's Name: Greg Olsen

** If directional footage

at Top of Prod. Zone Distance: 835 feet Direction: FNL Distance: 450 feet Direction: FEL
Sec: 10 Twp: 6S Rng: 96W
at Bottom Hole Distance: 835 feet Direction: FNL Distance: 450 feet Direction: FEL
Sec: 10 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/11/2008 13. Date TD: _____ 14. Date Casing Set or D&A: 03/19/2008

15. Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6086 TVD 6086 17 Plug Back Total Depth MD 0 TVD 018. Elevations GR 8254 KB 8276

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:

No logs run

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Weight Per Foot | Setting Depth | Sacks Cement | Cement Top | Cement Bot | Status |
|-------------|--------------|----------------|-----------------|---------------|--------------|------------|------------|--------|
| CONDUCTOR | 30 | 20 | 55 | 120 | 100 | 0 | 120 | CALC |
| SURF | 16 | 9+5/8 | 36 | 3,172 | 1,720 | 0 | 3,172 | CALC |

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

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 | |
| GREEN RIVER | 0 | 4,424 | <input type="checkbox"/> | <input type="checkbox"/> | |
| WASATCH | 4,424 | 5,434 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT UNION | 5,434 | 7,144 | <input type="checkbox"/> | <input type="checkbox"/> | |
| OHIO CREEK | 7,144 | 7,604 | <input type="checkbox"/> | <input type="checkbox"/> | TOG @ 7554 |
| MESAVERDE | 7,604 | 10,029 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 10,029 | 10,529 | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 10,529 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment: _____

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

Signed: _____

Print Name: Kallasandra M. Moran

Title: Permit Agent

Date: _____

Email: kmoran@bry-consultant.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 |
|-------------|--------------------|
| 400110798 | DIRECTIONAL SURVEY |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | |

Total: 0 comment(s)