

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:

400110014

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: Brady Riley
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8115
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18923-00 6. County: GARFIELD
7. Well Name: GGU FED Well Number: 21D-33-691
8. Location: QtrQtr: NWNW Section: 33 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 395 feet Direction: FNL Distance: 270 feet Direction: FWL
As Drilled Latitude: 39.490688 As Drilled Longitude: -107.567340

GPS Data:

Data of Measurement: 03/26/2010 PDOP Reading: 1.7 GPS Instrument Operator's Name: C.D. Slauch

** If directional footage

at Top of Prod. Zone Distance: 174 feet Direction: FNL Distance: 1910 feet Direction: FWL
Sec: 33 Twp: 6S Rng: 91W
at Bottom Hole Distance: 151 feet Direction: FNL Distance: 1986 feet Direction: FWL
Sec: 33 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: COC51440

12. Spud Date: (when the 1st bit hit the dirt) 03/17/2010 13. Date TD: 08/21/2010 14. Date Casing Set or D&A: 08/22/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8020 TVD 7634 17 Plug Back Total Depth MD 7976 TVD 759018. Elevations GR 6351 KB 6373

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:

Logs previously submitted: Array Induction, Temp, Caliper, Neutron Densiy, Triple Combo
Attached Log: CBL

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 | 26 | 16 | 42 | 40 | | 0 | 40 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 817 | 240 | 0 | 840 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 8,019 | 1,080 | 2,970 | 8,020 | CBL |

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 | |
| WILLIAMS FORK | 3,998 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,705 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

The 72-hour Bradenhead Pressure Test is 0 psig.

Conductor was cemented with grout.

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

Signed: _____ Print Name: Brady Riley

Title: Permit Analyst

Date:

Email: briley@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 |
|-------------|--------------------|
| 400110028 | DIRECTIONAL SURVEY |
| 400110030 | PDF-CEMENT BOND |

Total Attach: 2 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)