

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400120901

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 05-045-14968-00 6. County: GARFIELD
7. Well Name: SCHOOL HOUSE POINT OM Well Number: 12B L15 696
8. Location: QtrQtr: NWSW Section: 15 Township: 6S Range: 96W Meridian: 6
Footage at surface: Distance: 1806 feet Direction: FSL Distance: 1266 feet Direction: FWL
As Drilled Latitude: 39.520685 As Drilled Longitude: -108.100200

GPS Data:

Data of Measurement: 11/10/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: Robert Wood / Construc

** If directional footage

at Top of Prod. Zone Distance: 2245 feet Direction: FSL Distance: 345 feet Direction: FWL
Sec: 15 Twp: 6S Rng: 96W
at Bottom Hole Distance: 2245 feet Direction: FSL Distance: 345 feet Direction: FWL
Sec: 15 Twp: 6S Rng: 96W

9. Field Name: PARACHUTE 10. Field Number: 67350

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/19/2010 13. Date TD: 12/30/2010 14. Date Casing Set or D&A: 12/31/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10126 TVD 10021 17 Plug Back Total Depth MD 10126 TVD 10021

18. Elevations GR 8391 KB 8405

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:

RST-CBL Combo to be run upon completion of pad drilling.

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	119	267	0	119	CALC
SURF	16	9+5/8	36	2,880	1,538	0	2,880	CALC
1ST	8+3/4	4+1/2	11.6			0		CALC
2ND	7+7/8	4+1/2	11.6	10,283	822	0	10,283	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	2,829	<input type="checkbox"/>	<input type="checkbox"/>	
WASATCH	2,829	5,481	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,481	6,881	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	6,881	7,081	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	7,081	9,731	<input type="checkbox"/>	<input type="checkbox"/>	TOG @ 7381
CAMEO	9,731	10,081	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,081		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

3 of 8 wells to be pad drilled. Logging and completion operations to be completed after pad is drilled out.

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
400120905	OPERATIONS SUMMARY
400120906	CEMENT JOB SUMMARY
400120907	CEMENT JOB SUMMARY
400120908	WELLBORE DIAGRAM
400120909	DIRECTIONAL SURVEY

Total Attach: 5 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)