

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:

2609489

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) 293-9100
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-16861-00 6. County: GARFIELD
7. Well Name: JCJ Well Number: 11D-21-692
8. Location: QtrQtr: SWNW Section: 21 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 1542 feet Direction: FNL Distance: 1269 feet Direction: FWL
As Drilled Latitude: 39.515295 As Drilled Longitude: -107.676594

GPS Data:

Data of Measurement: 05/13/2009 PDOP Reading: 6.0 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage

at Top of Prod. Zone Distance: 224 feet Direction: FNL Distance: 659 feet Direction: FWL
Sec: 21 Twp: 6S Rng: 92W
at Bottom Hole Distance: 258 feet Direction: FNL Distance: 646 feet Direction: FWL
Sec: 21 Twp: 6S Rng: 92W

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) 08/15/2008 13. Date TD: 10/20/2008 14. Date Casing Set or D&A: 10/21/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8000 TVD 7751 17 Plug Back Total Depth MD 7959 TVD 7710

18. Elevations GR 5680 KB 5697

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:

TRIPLE COMBO, TEMP, MUD, AISF, HOLE VOL, DEN/NEU

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
CONDUCTOR	26	16		0	40		0	40	CALC
SURF	12+1/4	9+5/8		0	875	400	0	875	CALC
1ST	7+7/8	5+1/2		0	7,959	880	3,550	8,000	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	3,895		<input type="checkbox"/>	<input type="checkbox"/>	THE 72 HOUR BRADENHEAD PRESSURE IS 0 PSIG.
ROLLINS	7,680		<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: Y _____ Print Name: MATT BARBER

Title: PERMIT ANALYST Date: 10/30/2009 Email: MBARBER@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: *David S. Neslin* Director of COGCC Date: 2/3/2011

Attachment Check List

Att Doc Num	Name
2070109	DIRECTIONAL SURVEY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)