

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:

400130686

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: Valerie Walker
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8531
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19621-00 6. County: GARFIELD
7. Well Name: GGU Swanson Well Number: 32A-29-691
8. Location: QtrQtr: NWSE Section: 29 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 1854 feet Direction: FSL Distance: 2167 feet Direction: FEL
As Drilled Latitude: 39.496724 As Drilled Longitude: -107.576091

GPS Data:

Data of Measurement: 12/14/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

** If directional footage at Top of Prod. Zone Dist.: 2548 feet. Direction: FNL Dist.: 2012 feet. Direction: FEL
Sec: 29 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 2516 feet. Direction: FNL Dist.: 2005 feet. Direction: FEL
Sec: 29 Twp: 6S Rng: 91W

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) 09/07/2010 13. Date TD: 11/18/2010 14. Date Casing Set or D&A: 11/19/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8190 TVD** 8083 17 Plug Back Total Depth MD 8133 TVD** 802618. Elevations GR 6034 KB 6057

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:

Previously submitted: CBL, Mud, Temp, Caliper, Neutron/Density, Induction, Sonic, Triple Combo

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	42	0	40		0	40	CALC
SURF	12+1/4	9+5/8	36	0	789	240	0	815	CALC
1ST	7+7/8	4+1/2	11.6	0	8,178	975	2,350	8,190	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	
MESAVERDE	3,445		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,092		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	7,679		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	7,879		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Conductor cemented with grout. Drilled 8 3/4" hole from 810 feet to 3304 feet. 72 hour bradenhead pressures is 0 psig.

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

Signed: _____ Print Name: Valerie A Walker

Title: Permit Analyst Date: _____ Email: vwalker@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400130697	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

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

Total: 0 comment(s)