

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:

400130686

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 Observation

16. Total Depth MD 8190 TVD** 8083 17 Plug Back Total Depth MD 8133 TVD** 8026

18. 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

User Group **Comment** **Comment Date**

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Total: 0 comment(s)