

**FORM  
5**Rev  
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

**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.

Document Number:

400142102

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 05-045-19584-00 6. County: GARFIELD  
7. Well Name: GGU DALEY Well Number: 24A-19-691  
8. Location: QtrQtr: SESW Section: 19 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 252 feet Direction: FSL Distance: 2008 feet Direction: FWL  
As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

## GPS Data:

Data of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

\*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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) 03/18/2011 13. Date TD: \_\_\_\_\_ 14. Date Casing Set or D&A: \_\_\_\_\_

## 15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 810 TVD\*\* 810 17 Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_18. Elevations GR 5823 KB 5823

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:

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		CALC
1ST	12+1/4	9+5/8	36	0	788	240	0	810	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Conductor set with grout. Surface casing cement report attached. KB is ground level.

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>					
400146275	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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)