


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400108193	DE	ET	OE	ES
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.							
Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: 10071		4. Contact Name: Brady Riley					
2. Name of Operator: BARRETT CORPORATION* BILL		Phone: (303) 312-8115					
3. Address: 1099 18TH ST STE 2300		Fax: (303) 291-0420					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-045-17421-00		6. County: GARFIELD					
7. Well Name: DOMMER		Well Number: 32A-26-692					
8. Location: QtrQtr: NWSE Section: 26 Township: 6S Range: 92W Meridian: 6							
Footage at surface: Distance: 2376 feet Direction: FSL Distance: 2388 feet Direction: FEL							
As Drilled Latitude: 39.497618	As Drilled Longitude: -107.633201						
GPS Data:							
Data of Measurement: 05/24/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: J. Kalmon							
** If directional footage at Top of Prod. Zone Dist.: 2505 feet. Direction: FNL Dist.: 1998 feet. Direction: FEL							
Sec: 26 Twp: 6s Rng: 92w							
** If directional footage at Bottom Hole Dist.: 2512 feet. Direction: FNL Dist.: 1997 feet. Direction: FEL							
Sec: 26 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) 07/19/2009 13. Date TD: 10/11/2009 14. Date Casing Set or D&A: 10/12/2009							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD 7485 TVD** 7448		17 Plug Back Total Depth MD 7481 TVD** 7444					
18. Elevations GR 5960 KB 5982		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 - Triple Combo, Temp Log, AISF, Hole Volume, DEN/NEU Submitted with this form 5 - CBL (post remedial cement work)							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	790	240	0	790	CALC
1ST	7+7/8	4+1/2	11.6	0	7,481	675	6,030	7,485	CBL
S.C. 1.1				0		365	4,454		CBL

ADDITIONAL CEMENT

Cement work date: 03/26/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,110	365	4,454	6,030

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:

This is the final form 5 reporting the revised Cement Top following the remedial cement work performed 3/26-4/1/10. See attached post job report for further details.

The Form 4 Subsequent Report for the remedial cement work was submitted to the COGCC on 11/12/10 with the wellbore diagram and daily drilling report.

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

Signed: _____ Print Name: Brady Riley

Title: Permit Analyst

Date: 11/12/2010

Email: briley@billbarrettcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400108202	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400108193	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400108197	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400108198	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)