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|---|--|--|---|----|----|----|----|
| 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: 400153258 | 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 type="checkbox"/> Final completion <input checked="" type="checkbox"/> 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 05-045-19754-00 | | 6. County: GARFIELD | | | | | |
| 7. Well Name: CB-TG Land | | Well Number: 12D-20-692 | | | | | |
| 8. Location: QtrQtr: NWNE Section: 20 Township: 6S Range: 92W Meridian: 6 | | | | | | | |
| Footage at surface: Distance: 720 feet Direction: FNL | | Distance: 2555 feet Direction: FEL | | | | | |
| 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) 04/07/2011 13. Date TD: 14. Date Casing Set or D&A: | | | | | | | |
| 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 838 TVD** | | 17 Plug Back Total Depth MD TVD** | | | | | |
| 18. Elevations GR 5530 KB 5530 | | 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: | | | | | | | |

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 | 24 | 14 | 36 | 0 | 40 | | 0 | 40 | CALC |
| SURF | 12+1/4 | 9+5/8 | 36 | 0 | 838 | 240 | 0 | 838 | 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

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: 4/13/2011 Email: vwalker@billbarrettcorp.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400153270 | 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"/> |
| <u>Other Attachments</u> | | | | | |
| 400153258 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---------------------------------|-------------------------|
| Engineer | Preliminary Form 5, no CBL yet. | 6/27/2011 2:11:12 PM |

Total: 1 comment(s)