

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
----	----	----	----

Document Number:

400186679

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: 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 05-045-18667-00 6. County: GARFIELD
 7. Well Name: MILLER Well Number: 33D-6-791
 8. Location: QtrQtr: NWSE Section: 6 Township: 7S Range: 91W Meridian: 6
 Footage at surface: Distance: 38 feet Direction: FNL Distance: 2404 feet Direction: FEL
 As Drilled Latitude: 39.476791 As Drilled Longitude: -107.594921

GPS Data:
 Data of Measurement: 02/23/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

** If directional footage
 at Top of Prod. Zone Distance: 148 feet Direction: FNL Distance: 2084 feet Direction: FEL
 Sec: 6 Twp: 7S Rng: 91W
 at Bottom Hole Distance: 141 feet Direction: FNL Distance: 2084 feet Direction: FEL
 Sec: 6 Twp: 7S 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) 07/14/2010 13. Date TD: 01/16/2011 14. Date Casing Set or D&A: 01/17/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7145 TVD 7126 17 Plug Back Total Depth MD 7097 TVD 7081

18. Elevations GR 6262 KB 6285 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:
CBL, Caliper, Triple Combo, Temperature

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	723	240	0	740	CALC
1ST	8+3/4	4+1/2	11.6	0	7,139	1,017	2,140	7,145	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	
WILLIAMS FORK	3,133		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,801		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 Hour Bradenhead Pressure Test was 0 psig. Conductor was 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: Brady Riley

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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400186753	PDF-CEMENT BOND
400186758	PDF-CALIPER
400186759	PDF-TRIPLE COMBINATION
400186760	PDF-TEMPERATURE
400186761	DIRECTIONAL SURVEY
400186763	FORM 5 SUBMITTED

Total Attach: 6 Files

General Comments

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

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

Total: 0 comment(s)