

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:  
1687682

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  
2. Name of Operator: BARRETT CORPORATION\* BILL  
3. Address: 1099 18TH ST STE 2300  
City: DENVER State: CO Zip: 80202  
4. Contact Name: ELAINE WINICK  
Phone: (303) 293-9100  
Fax: (303) 291-0420

5. API Number 05-045-16952-00  
6. County: GARFIELD  
7. Well Name: BRYNILDSON Well Number: 12C-20-692  
8. Location: QtrQtr: NWSW Section: 20 Township: 6S Range: 92W Meridian: 6  
Footage at surface: Distance: 1896 feet Direction: FSL Distance: 603 feet Direction: FWL  
As Drilled Latitude: 39.510265 As Drilled Longitude: -107.697664

GPS Data:  
Date of Measurement: 05/15/2009 PDOP Reading: 6.0 GPS Instrument Operator's Name: JAMES KALMON

\*\* If directional footage at Top of Prod. Zone Dist.: 1950 feet. Direction: FNL Dist.: 530 feet. Direction: FWL  
Sec: 20 Twp: 6S Rng: 92W  
\*\* If directional footage at Bottom Hole Dist.: 1960 feet. Direction: FNL Dist.: 544 feet. Direction: FWL  
Sec: 20 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) 08/24/2008 13. Date TD: 09/12/2008 14. Date Casing Set or D&A: 09/13/2008

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

16. Total Depth MD 7973 TVD\*\* 7727 17 Plug Back Total Depth MD 7948 TVD\*\* 7702

18. Elevations GR 5669 KB 5686  
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:  
TRIPLE COMBO, TEMP, CBL

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		0	40		0	40	CALC
SURF	12+1/2	9+5/8		0	845	400	0	831	CALC
1ST	7+7/8	4+1/2		0	7,948	642	4,300	7,948	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: Y \_\_\_\_\_ Print Name: MATT BARBER \_\_\_\_\_Title: PERMIT ANALYST \_\_\_\_\_ Date: 7/15/2009 \_\_\_\_\_ Email: MBARBER@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"/>
	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)