

**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

4. Contact Name: ELAINE WINICK

2. Name of Operator: BARRETT CORPORATION* BILL

Phone: (303) 293-9100

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

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:

Data 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

User Group Comment Comment Date

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Total: 0 comment(s)