


REVISED copy 11/1/11

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
	DRILLING COMPLETION REPORT <small>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.</small>			Document Number: 400092644			
Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>10091</u>				4. Contact Name: <u>Kallasandra Moran</u>			
2. Name of Operator: <u>BERRY PETROLEUM COMPANY</u>				Phone: <u>(303) 999-4225</u>			
3. Address: <u>1999 BROADWAY STE 3700</u>				Fax: <u>(303) 999-4325</u>			
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>							
5. API Number <u>05-045-13096-00</u>				6. County: <u>GARFIELD</u>			
7. Well Name: <u>LONG RIDGE</u>				Well Number: <u>01B M15 595</u>			
8. Location: QtrQtr: <u>SWSW</u> Section: <u>15</u> Township: <u>5S</u> Range: <u>95W</u> Meridian: <u>6</u>							
Footage at surface: Direction: <u>FSL</u> Distance: <u>1241</u> Direction: <u>FWL</u> Distance: <u>503</u>							
As Drilled Latitude: <u>36.609938</u> As Drilled Longitude: <u>-108.048167</u>							
GPS Data: Data of Measurement: <u>07/09/2010</u> PDOP Reading: <u>2.1</u> GPS Instrument Operator's Name: <u>Ivan Martin/Constructio</u>							
** If directional footage at Top of Prod. Zone Distance: <u>148</u> Direction: <u>FNL</u> Distance: <u>556</u> Direction: <u>FWL</u> at Bottom Hole Distance: <u>148</u> Direction: <u>FNL</u> Distance: <u>556</u> Direction: <u>FWL</u>							
9. Field Name: <u>PARACHUTE</u>				10. Field Number: <u>67350</u>			
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>08/05/2010</u> 13. Date TD: <u>08/17/2010</u> 14. Date Casing Set or D&A: <u>08/18/2010</u>							
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 <u>12240</u> ¹²²⁸⁰ TVD <u>12433</u> ^{12,082} Plug Back Total Depth MD <u>12240</u> ¹²²⁸⁰ TVD <u>12433</u> ^{12,009}							
18. Elevations GR <u>8356</u> KB <u>8362</u>				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: <u>RST-CBL (combined) logs to be run when rig moves off location.</u>							
20. Casing, Liner and Cement:							

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	30	20		123	310	123	0
SURF	16	9+5/8	36	2,460	1,762	2,460	0
1ST	7+7/8	4+1/2	11.6	12,218	970	12,218	0

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

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	
GREEN RIVER	0	4,197			
WASATCH	4,197	5,716			
FORT UNION	5,176	8,552			
OHIO CREEK	8,552	8,856			
WILLIAMS FORK	8,856	11,706			TOG @ 9156
CAMEO	11,706	12,056			
ROLLINS	12,056				

Comment: _____

This well is waiting on logging and completion.

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

Signed: _____

Print Name: Kallasandra M. MoranTitle: Permit Agent

Date: _____

Email: kmoran@bry-consultant.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	Doc Description
400092657	DIRECTIONAL SURVEY	<u>LR01B Directional Survey</u> Berry NP (M15 595) LR04A-FINAL.pdf
400092659	CMT SUMMARY	Berry LR 13A Surface_pv1001134543A _2010-09-14-11-23-26_.pdf
400092660	CMT SUMMARY	Berry M-15 Pad General Well Long String Cement _2010-09-14-11-24-46_.pdf

Total Attach: 3 Files

Revised CopyHelen Bang
11/1/11