

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



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Document Number:

400258145

Date Received:

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: Megan Finnegan
 2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 299-9945
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-19515-00 6. County: GARFIELD
 7. Well Name: GGU FEDERAL Well Number: 33A-20-691
 8. Location: QtrQtr: SWSE Section: 20 Township: 6S Range: 91W Meridian: 6
 Footage at surface: Distance: 1214 feet Direction: FSL Distance: 1763 feet Direction: FEL
 As Drilled Latitude: 39.509445 As Drilled Longitude: -107.574919

GPS Data:
 Date of Measurement: 12/15/2011 PDOP Reading: 6.0 GPS Instrument Operator's Name: T. Barnett

** If directional footage at Top of Prod. Zone Dist.: 1461 feet. Direction: FSL Dist.: 1994 feet. Direction: FEL
 Sec: 20 Twp: 6S Rng: 91W
 ** If directional footage at Bottom Hole Dist.: 1480 feet. Direction: FSL Dist.: 2001 feet. Direction: FEL
 Sec: 20 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 52500
 11. Federal, Indian or State Lease Number: COC50126

12. Spud Date: (when the 1st bit hit the dirt) 06/10/2011 13. Date TD: 09/26/2011 14. Date Casing Set or D&A: 09/27/2011

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

16. Total Depth MD 7740 TVD** 7717 17 Plug Back Total Depth MD 7702 TVD** 7679

18. Elevations GR 6472 KB 6494 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, Mud, 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	36	0	40	0	0	40	CALC
SURF	12+1/4	9+5/8	36	0	836	240	0	850	CALC
1ST	7+7/8	4+1/2	11.6	0	7,739	1,020	3,050	7,740	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
WILLIAMS FORK	3,860		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,409		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The 72 Hour Bradenhead Pressure Test was 0 psig. Conductor was cemented with grout. 8 3/8 hole was used to drill from bottom of surface to 5555' then 7 7/8 hole size was drilled to TD.

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

Signed: _____ Print Name: Megan Finnegan

Title: Permit Analyst Date: _____ Email: mfinnegan@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"/>
400258150	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400258146	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400258147	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400258148	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400258149	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400258151	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)