

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400334405

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: 10091
2. Name of Operator: BERRY PETROLEUM COMPANY
3. Address: 1999 BROADWAY STE 3700
City: DENVER State: CO Zip: 80202
4. Contact Name: HEIDI BANG
Phone: (303) 999-4262
Fax: (303) 999-4362

5. API Number 05-045-13247-00
6. County: GARFIELD
7. Well Name: GRANLEE OM
Well Number: 03C C10 696
8. Location: QtrQtr: NENW Section: 10 Township: 6S Range: 96W Meridian: 6
Footage at surface: Distance: 255 feet Direction: FNL Distance: 1744 feet Direction: FWL
As Drilled Latitude: 39.544003 As Drilled Longitude: -108.096078

GPS Data:
Date of Measurement: 09/02/2009 PDOP Reading: 4.5 GPS Instrument Operator's Name: ROBERT KAY

** If directional footage at Top of Prod. Zone Dist.: 972 feet. Direction: FNL Dist.: 1430 feet. Direction: FWL
Sec: 10 Twp: 6S Rng: 96W
** If directional footage at Bottom Hole Dist.: 972 feet. Direction: FNL Dist.: 1430 feet. Direction: FWL
Sec: 10 Twp: 6S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/04/2008 13. Date TD: 09/15/2008 14. Date Casing Set or D&A: 09/14/2008

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

16. Total Depth MD 10480 TVD** 10430 17 Plug Back Total Depth MD 10040 TVD** 9991

18. Elevations GR 8125 KB 8147
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

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	30	20	94	0	142	3	22	142	
SURF	16	9+5/8	40	0	3,025		142	3,050	
1ST	8+3/4	4+1/2	11.6	0	10,245		3,050	6,141	
2ND	7+7/8	4+1/2	11.6	0	10,245		6,141	10,540	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/05/2008

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	1ST LINER	9,910	253	9,964	9,966

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	7,475	10,045	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

CEMENT SUMMARY IS ALREADY ON SCOUT CARD DOC # 2110545

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

Signed: _____ Print Name: HEIDI BANG

Title: REG COMPLIANCE ASST Date: _____ Email: HSB@BRY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400337947	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"/>
Other Attachments			
400337944	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400337945	LAS-CBL 2ND RUN	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)