

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



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Document Number:

1707710

Date Received:

02/23/2009

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 ATT
City: DENVER State: CO Zip: 80202
4. Contact Name: TRACEY FALLANG
Phone: (303) 293-9100
Fax: (303) 291-0420

5. API Number 05-033-06144-00
6. County: DOLORES
7. Well Name: JOHNSON
Well Number: 16H-12-39-18
8. Location: QtrQtr: SESE Section: 12 Township: 39N Range: 18W Meridian: N
Footage at surface: Distance: 300 feet Direction: FSL Distance: 659 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 996 feet. Direction: FSL Dist.: 688 feet. Direction: FEL
Sec: 18 Twp: 39N Rng: 18W
** If directional footage at Bottom Hole Dist.: 663 feet. Direction: FNL Dist.: 586 feet. Direction: FEL
Sec: 18 Twp: 39N Rng: 18W

9. Field Name: UNNAMED 10. Field Number: 85251
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/30/2008 13. Date TD: 01/27/2009 14. Date Casing Set or D&A: 01/28/2009

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

16. Total Depth MD 9990 TVD** 5895 17 Plug Back Total Depth MD 9925 TVD** 5830

18. Elevations GR 6795 KB 6811
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:
PLTRM EXPRS-3 DETECTOR LITHO-DENS/COMP NEUTRON /GR & ARRAY IND. TOOL/GR/S

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			40		0	40	
SURF	12+1/4	9+5/8		0	1,883	600	0	1,883	
1ST	8+3/4	7		0	6,217	700	0	6,217	CBL
2ND	6+1/8	4+1/2		0	9,990				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
HATCH	5,740		<input type="checkbox"/>	<input type="checkbox"/>	BBC WILL PROVIDE AS-BUILT GPS READINGS WITHIN 6
ISMAY	5,763		<input type="checkbox"/>	<input type="checkbox"/>	MONTHS OF SUBMITTAL OF THIS REPORT.
HOVENWEEP SHALE	5,838		<input type="checkbox"/>	<input type="checkbox"/>	
LOWER ISMAY	5,860		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE CASING CEMENT TOP NOTED BY OBSERVATION.
GOTHIC SHALE	5,992		<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: TRACEY FALLANG _____

Title: REGULATORY ANALYST Date: 2/18/2009 Email: TFALLANG@BILLBARRETTCORP.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"/>
2070111	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)