

FORM  
5A

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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COMPLETED INTERVAL REPORT

Document Number:

2509836

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10071 4. Contact Name: TRACEY FALLANG  
2. Name of Operator: BARRETT CORPORATION\* BILL Phone: (303) 312-8168  
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0410  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17418-00 6. County: GARFIELD  
7. Well Name: DOMMER Well Number: 33B-26-692  
8. Location: QtrQtr: NWSE Section: 26 Township: 6S Range: 92W Meridian: 6

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 04/10/2010 Date of First Production this formation: 04/15/2010

Perforations Top: 7216 Bottom: 7293 No. Holes: 180 Hole size: 30/100

Provide a brief summary of the formation treatment: Open Hole:

18000 LBS 20-40 SAND, 2000 LBS SLC 20-40, 922 BBLs SLICKWATER.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 05/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 80 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 80 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1475 Tubing PSI: 1210 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6201 Tbg setting date: 05/04/2010 Packer Depth: \_\_\_\_\_

Reason for Non-Production:  
\_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 04/10/2010 Date of First Production this formation: 04/15/2010

Perforations Top: 5069 Bottom: 7109 No. Holes: 10 Hole size: 30/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

1161400 LBS 20-40 SAND, 110601 LBS SLC 20-40, 58223 BBLs SLICKWATER.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/17/2010 Hours: 24 Bbls oil: 31 Mcf Gas: 1538 Bbls H2O: 130

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 31 Mcf Gas: 1538 Bbls H2O: 130 GOR: 50084

Test Method: FLOWING Casing PSI: 1475 Tubing PSI: 1210 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6201 Tbg setting date: 05/04/2010 Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: TRACEY FALLANG

Title: PERMIT ANALYST Date: 5/26/2010 Email TFALLANG@BILLBARRETTCORP.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Nashin Director of COGCC Date: 8/25/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2509836	FORM 5A SUBMITTED	LF@2523459 2509836

Total Attach: 1 Files