

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



|    |    |    |    |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

2509835

**COMPLETED INTERVAL REPORT**

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) 312-8134  
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17424-00 6. County: GARFIELD  
7. Well Name: DOMMER Well Number: 33C-26-692  
8. Location: QtrQtr: NWSE Section: 26 Township: 6S Range: 92W Meridian: 6

Completed Interval

|  |                                      |   |   |
|--|--------------------------------------|---|---|
| FORMATION: <u>ROLLINS</u>  |                                      | Status: <u>PRODUCING</u>  |   |
| Treatment Date: <u>03/09/2010</u>  |                                      | Date of First Production this formation: <u>03/13/2010</u>        |   |
| Perforations   | Top: <u>7214</u> Bottom: <u>7297</u> | No. Holes: <u>12</u>  | Hole size: <u>30/100</u>                            |
| Provide a brief summary of the formation treatment:  |                                      | Open Hole: <input type="checkbox"/>                               |   |
| <u>18100 LBS 20-40 SAND, 2000 LBS SLC 20-40, 932 BBLS SLICKWATERF.</u>   |                                      |   |   |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                      |   |   |
| <b>Test Information:</b>   |                                      |   |   |
| Date: <u>05/12/2010</u>  | Hours: <u>24</u>                     | Bbls oil: <u>0</u>  | Mcf Gas: <u>61</u> Bbls H2O: <u>0</u>               |
| Calculated 24 hour rate:   |                                      | Bbls oil: <u>0</u>  | Mcf Gas: <u>61</u> Bbls H2O: <u>0</u> GOR: <u>0</u> |
| Test Method: <u>FLOWING</u>  | Casing PSI: <u>1750</u>              | Tubing PSI: <u>1360</u>   | Choke Size: <u>24/64</u>                            |
| Gas Disposition: <u>SOLD</u>   | Gas Type: <u>WET</u>                 | BTU Gas: <u>1</u>   | API Gravity Oil: <u></u>                            |
| Tubing Size: <u>2 + 3/8</u>  | Tubing Setting Depth: <u>6230</u>    | Tbg setting date: <u>05/11/2010</u>                               | Packer Depth: <u></u>                               |
| Reason for Non-Production:<br><u></u>  |                                      |   |   |
| Date formation Abandoned: <u></u>  |                                      | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt <u></u>                 |
| Bridge Plug Depth: <u></u>   |                                      | Sacks cement on top: <u></u>                                      |   |

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 03/09/2010 Date of First Production this formation: 03/13/2010

Perforations Top: 5141 Bottom: 7110 No. Holes: 154 Hole size: 30/100

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

1303900 LBS 20-40 SAND, 145000 LBS SLC 20-40, 66243 BBLS SLICKWATER.

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: 05/12/2010 Hours: 24 Bbls oil: 26 Mcf Gas: 1160 Bbls H2O: 124

Calculated 24 hour rate: Bbls oil: 26 Mcf Gas: 1160 Bbls H2O: 124 GOR: 44259

Test Method: FLOWING Casing PSI: 1750 Tubing PSI: 1360 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6230 Tbg setting date: 05/11/2010 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. Neslin Director of COGCC Date: 8/26/2010

**Attachment Check List**

| Att Doc Num | Name              | Doc Description    |
|-------------|-------------------|--------------------|
| 2509835     | FORM 5A SUBMITTED | LF@2523458 2509835 |

Total Attach: 1 Files