

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:  
2554925

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 05-045-17419-00 6. County: GARFIELD  
 7. Well Name: DOMMER Well Number: 23A-26-692  
 8. Location: QtrQtr: NWSE Section: 26 Township: 6S Range: 92W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: ROLLINS Status: PRODUCING  
 Treatment Date: 04/10/2010 Date of First Production this formation: 04/29/2010  
 Perforations Top: 7327 Bottom: 7357 No. Holes: 12 Hole size: 30/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
16100 LBS 20-40 SAND, 1800 LBS SLC 20-40, 825 BBLs SLICKWATER.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 05/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 86 Bbls H2O: 0  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 86 Bbls H2O: 0 GOR: 0  
 Test Method: FLOWING Casing PSI: 1325 Tubing PSI: 1000 Choke Size: 24  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6111 Tbg setting date: 04/29/2010 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: 04/29/2010

Perforations Top: 5293 Bottom: 7204 No. Holes: 178 Hole size: 30/100

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

1154900 LBS 20-40 SAND, 126454 LBS SLC 20-40, 58847 BBLS SLICKWATER.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/17/2010 Hours: 24 Bbls oil: 31 Mcf Gas: 1632 Bbls H2O: 103

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 31 Mcf Gas: 1632 Bbls H2O: 103 GOR: 53172

Test Method: FLOWING Casing PSI: 1325 Tubing PSI: 1000 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6111 Tbg setting date: 04/29/2010 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: 10/19/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2554925	FORM 5A SUBMITTED	LF@2501648 2554925
2554926	WELLBORE DIAGRAM	LF@2501649 2554926

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date
Permit	SAME AS DOC # 2509841	10/19/2010 11:33:48 AM

Total: 1 comment(s)