

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

COMPLETED INTERVAL REPORT

Document Number:
2509127

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
2. Name of Operator: BARRETT CORPORATION* BILL
3. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202
4. Contact Name: ELAINE WINICK
Phone: (303) 312-8168
Fax: (303) 291-0420

5. API Number 05-045-18235-00
6. County: GARFIELD
7. Well Name: GGU MILLER
Well Number: 34B-31-691
8. Location: QtrQtr: SWSE Section: 31 Township: 6S Range: 91W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
Treatment Date: 04/28/2010 Date of First Production this formation: 05/02/2010
Perforations Top: 6840 Bottom: 6963 No. Holes: 22 Hole size: 30/100
Provide a brief summary of the formation treatment: _____ Open Hole:
116500 LBS 20-40 SAND, 13000 LBS SLC 20-40, 6131 BBLs SLICKWATER.
This formation is commingled with another formation: Yes No
Test Information:
Date: 06/28/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 65 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 65 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 975 Tubing PSI: 600 Choke Size: 24
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5857 Tbg setting date: 06/21/2010 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: 04/30/2010 Date of First Production this formation: 05/02/2010

Perforations Top: 4888 Bottom: 6613 No. Holes: 184 Hole size: 30/100

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

1101100 LBS 20-40 SAND, 121500 LBS SLC 20-40, 56540 BBLs SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/28/2010 Hours: 24 Bbls oil: 11 Mcf Gas: 1246 Bbls H2O: 265

Calculated 24 hour rate: _____ Bbls oil: 11 Mcf Gas: 1246 Bbls H2O: 265 GOR: 11327

Test Method: FLOWING Casing PSI: 975 Tubing PSI: 600 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5857 Tbg setting date: 06/21/2010 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: ELAINE WINICK

Title: PERMIT ANALYST Date: 7/6/2010 Email EWINICK@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: 10/28/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2509127	FORM 5A SUBMITTED	LF@2514635 2509127
2509128	WELLBORE DIAGRAM	LF@2514636 2509128

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	====HC- CBL RECEIVED====	10/28/2010 11:27:57 AM
Permit	---ON HOLD-CBL HC SUBMISSION---ALL ELSE IS GOOD	10/21/2010 10:44:31 AM

Total: 2 comment(s)