

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:  
2509141

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 05-045-18236-00  
6. County: GARFIELD  
7. Well Name: GGU MILLER  
Well Number: 34C-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: 6889 Bottom: 7008 No. Holes: 22 Hole size: 30/100  
Provide a brief summary of the formation treatment: Open Hole:   
128100 LBS 20-40 SAND, 14200 LBS SLC 20-40, 6659 BBLS SLICKWATER  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 06/28/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 58 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 58 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 650 Choke Size: 24  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil:  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5947 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: 04/29/2010 Date of First Production this formation: 05/02/2010

Perforations Top: 4973 Bottom: 6615 No. Holes: 182 Hole size: 30/100

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

1049300 LBS 20-40 SAND, 117600 LBS SLC 20-40, 53805 BBLS SLICKWATER

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 06/28/2010 Hours: 24 Bbls oil: 11 Mcf Gas: 1107 Bbls H2O: 265

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 11 Mcf Gas: 1107 Bbls H2O: 265 GOR: 10063

Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 650 Choke Size: 24

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5947 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
2509141	FORM 5A SUBMITTED	LF@2514713 2509141
2509142	WELLBORE DIAGRAM	LF@2514714 2509142

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date
Permit	-ON HOLD---HC OF CBL----	10/21/2010 2:07:22 PM

Total: 1 comment(s)