

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:
2511908

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) 3128168
Fax: (303) 2910420

5. API Number 05-045-18596-00
6. County: GARFIELD
7. Well Name: THARP Well Number: 44C-14-692
8. Location: QtrQtr: NENE Section: 23 Township: 6S Range: 92W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
Treatment Date: 06/21/2010 Date of First Production this formation: 06/24/2010
Perforations Top: 7297 Bottom: 7534 No. Holes: 28 Hole size: 30/100
Provide a brief summary of the formation treatment: Open Hole:
162000 LBS WHITE SAND, 18000 CRC SAND, 8362 BBLs SLICKWATER.
This formation is commingled with another formation: Yes No
Test Information:
Date: 07/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 55 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 55 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1040 Tubing PSI: 700 Choke Size: 24/100
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1130 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6704 Tbg setting date: 06/29/2010 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: 06/22/2010 Date of First Production this formation: 06/24/2010

Perforations Top: 6040 Bottom: 7064 No. Holes: 126 Hole size: 30/100

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

830100 LBS WHITE SAND, 91794 CRC SAND, 43538 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/13/2010 Hours: 24 Bbls oil: 23 Mcf Gas: 1048 Bbls H2O: 203

Calculated 24 hour rate: _____ Bbls oil: 23 Mcf Gas: 1048 Bbls H2O: 203 GOR: 45565

Test Method: FLOWING Casing PSI: 1040 Tubing PSI: 700 Choke Size: 24/100

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6704 Tbg setting date: 06/29/2010 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: ELAINE WINICK

Title: PERMIT ANALYST Date: 8/13/2010 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. Neslin Director of COGCC Date: 11/19/2010

Attachment Check List

Att Doc Num	Name
2511908	FORM 5A SUBMITTED

Total Attach: 1 Files