

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:
2511503

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 05-045-18687-00
6. County: GARFIELD
7. Well Name: MILLER Well Number: 11A-36-692
8. Location: QtrQtr: SWNW Section: 36 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 04/13/2010 Date of First Production this formation: 04/24/2010

Perforations Top: 6703 Bottom: 6996 No. Holes: 22 Hole size: 3/100

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

11600 LBS CRC SAND, 111638 LBS WHITE SAND, 5773 BBLS SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1025 Tubing PSI: 880 Choke Size: 24/100

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1170 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6043 Tbg setting date: 05/26/2010 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: 04/14/2010 Date of First Production this formation: 04/24/2010

Perforations Top: 4993 Bottom: 6373 No. Holes: 160 Hole size: 3/100

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

TX DATE 4/23/2010
116308 LBS CRC SAND, 985174 LBS WHITE SAND, 50317 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/27/2010 Hours: 24 Bbls oil: 33 Mcf Gas: 988 Bbls H2O: 80

Calculated 24 hour rate: _____ Bbls oil: 33 Mcf Gas: 988 Bbls H2O: 80 GOR: 30319

Test Method: FLOWING Casing PSI: 1025 Tubing PSI: 880 Choke Size: 24/100

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1170 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6043 Tbg setting date: 05/26/2010 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: 8/3/2010 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: 11/23/2010

Attachment Check List

Att Doc Num	Name
2511503	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	GG HOLD OFF	11/22/2010 12:53:54 PM
Permit	ON HOLD--HC CBL	11/18/2010 2:48:21 PM

Total: 2 comment(s)