

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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Document Number:

2511987

COMPLETED INTERVAL REPORT

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: ELAINE WINICK
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 3128168
3. Address: 1099 18TH ST STE 2300 Fax: (303) 2910420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18238-00 6. County: GARFIELD
7. Well Name: GGU MILLER Well Number: 34D-31-691
8. Location: QtrQtr: SWSE Section: 31 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/27/2010</u>	Date of First Production this formation: <u>06/07/2010</u>
Perforations Top: <u>6956</u> Bottom: <u>7044</u>	No. Holes: <u>20</u> Hole size: <u>30/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>12400LBS CRC SAND, 111674 LBS WHITE SAND, 6046 BBLs SLICKWATER</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>04/27/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>51</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>51</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>850</u> Tubing PSI: <u>400</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1100</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6003</u> Tbg setting date: <u>06/22/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 04/29/2010 Date of First Production this formation: 06/07/2010

Perforations Top: 4951 Bottom: 6919 No. Holes: 174 Hole size: 30/100

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

147227 LBS CRC SAND, 1049653 LBS WHITE SAND, 53972 BBLS SLICKWATER.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 06/28/2010 Hours: 24 Bbls oil: 12 Mcf Gas: 977 Bbls H2O: 260

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 977 Bbls H2O: 260 GOR: 81417

Test Method: FLOWING Casing PSI: 850 Tubing PSI: 400 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1100 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6003 Tbg setting date: 06/22/2010 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: 8/16/2010 Email EWINICK@BILLBARRETTCORP.COM

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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: 12/1/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)