

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:

2511873

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: (720) 3128168
3. Address: 1099 18TH ST STE 2300 Fax: (303) 2910420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18684-00 6. County: GARFIELD
7. Well Name: MILLER Well Number: 13C-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: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/06/2010</u>	Date of First Production this formation: <u>05/23/2010</u>
Perforations Top: <u>6810</u> Bottom: <u>6816</u>	No. Holes: <u>6</u> Hole size: <u>30/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>1420 CRC SAND, 12626 WHITE SAND, 674 BBLs SLICKWATER</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>06/17/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>48</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>48</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1450</u> Tubing PSI: <u>1100</u> Choke Size: <u>24/100</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1170</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5735</u> Tbg setting date: <u>06/04/2010</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: 05/10/2010 Date of First Production this formation: 05/23/2010

Perforations Top: 4613 Bottom: 6686 No. Holes: 178 Hole size: 30/100

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

152948 CRC SAND, 1160870 WHITE SAND, 59542 BBLS SLICKWATER

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

Test Information:

Date: 06/17/2010 Hours: 24 Bbls oil: 42 Mcf Gas: 916 Bbls H2O: 88

Calculated 24 hour rate: Bbls oil: 42 Mcf Gas: 916 Bbls H2O: 88 GOR: 21809

Test Method: FLOWING Casing PSI: 1450 Tubing PSI: 1100 Choke Size: 24/100

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1170 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5735 Tbg setting date: 06/04/2010 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@BILLYBARRETT.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: 12/2/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	-HOLD OFF- CORRECTED BY E. WINICK	12/2/2010 7:02:10 PM
Permit	-ON HOLD FORM 5/ 5A MISMATCH- ROLLINS PER INTERVAL TO ROLLINS TOP	11/29/2010 1:49:31 PM

Total: 2 comment(s)