

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:  
2511873

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: (720) 3128168  
Fax: (303) 2910420

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: ROLLINS Status: PRODUCING

Treatment Date: 05/06/2010 Date of First Production this formation: 05/23/2010

Perforations Top: 6810 Bottom: 6816 No. Holes: 6 Hole size: 30/100

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

1420 CRC SAND, 12626 WHITE SAND, 674 BBLS SLICKWATER

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 06/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 48 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 48 Bbls H2O: 0 GOR: 0

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: \_\_\_\_\_

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: \_\_\_\_\_

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. Nashin Director of COGCC Date: 12/2/2010

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
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)