

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:

2511877

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 05-045-18688-00 6. County: GARFIELD
 7. Well Name: MILLER Well Number: 11B-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: 04/20/2010
 Perforations Top: 7119 Bottom: 7022 No. Holes: 6 Hole size: 30/100
 Provide a brief summary of the formation treatment: Open Hole:
11600LBS CRC SAND, 110938 LBS WHITE SAND, 5744 LBS 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: 1000 Tubing PSI: 750 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: 05/24/2010 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: 04/15/2010 Date of First Production this formation: 04/20/2010

Perforations Top: 4955 Bottom: 6989 No. Holes: 186 Hole size: 30/100

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

126490LBS CRC SAND, 963785 LBS WHITE SAND, 49368 LBS SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/27/2010 Hours: 24 Bbls oil: 33 Mcf Gas: 998 Bbls H2O: 80

Calculated 24 hour rate: _____ Bbls oil: 33 Mcf Gas: 998 Bbls H2O: 80 GOR: 30616

Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 750 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: 6043 Tbg setting date: 05/25/2010 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. Nashin 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	-MISMATCH CORRECTED BY E. WINICK	12/2/2010 6:53:37 PM
Permit	--ON HOLD-- ROLLINS 5A MISMATCH W/ FORM 5 ROLLINS TOP	11/29/2010 11:24:52 AM

Total: 2 comment(s)