

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:
2511991

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) 312-8168
Fax: (303) 2991-0420

5. API Number 05-045-18607-00
6. County: GARFIELD
7. Well Name: THARP Well Number: 14D-13-692
8. Location: QtrQtr: NENE Section: 23 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

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

Perforations Top: 8203 Bottom: 8404 No. Holes: 10 Hole size: 30/100

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

6470 CRC SAND, 51490 LBS WHITE SAND, 3079 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 860 Choke Size: 24

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6880 Tbg setting date: 07/01/2010 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: CORCORAN Status: PRODUCING

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

Perforations Top: 8440 Bottom: 8535 No. Holes: 24 Hole size: 30/100

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

6470 CRC SAND, 51490 LBS WHITE SAND, 3079 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 860 Choke Size: 24

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6880 Tbg setting date: 07/01/2010 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: ROLLINS Status: PRODUCING

Treatment Date: 05/24/2010 Date of First Production this formation: 06/23/2010

Perforations Top: 7615 Bottom: 7760 No. Holes: 14 Hole size: 30/100

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

6470 CRC SAND, 51490 LBS WHITE SAND, 3079 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 91 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 3091 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 860 Choke Size: 24

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6880 Tbg setting date: 07/01/2010 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: 06/21/2010 Date of First Production this formation: 06/23/2010

Perforations Top: 6038 Bottom: 7576 No. Holes: 162 Hole size: 30/100

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

109990 LBS CRC SAND, 875330 LBS WHITE SAND, 52347 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/13/2010 Hours: 24 Bbls oil: 23 Mcf Gas: 1737 Bbls H2O: 203

Calculated 24 hour rate: Bbls oil: 23 Mcf Gas: 1737 Bbls H2O: 203 GOR: 75521

Test Method: FLOWING Casing PSI: 1100 Tubing PSI: 860 Choke Size: 24

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6880 Tbg setting date: 07/01/2010 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: 8/17/2010 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: 12/6/2010

Attachment Check List

Att Doc Num	Name
2511991	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	--VERIFIED PER E. WINICK	12/6/2010 2:06:02 PM
Permit	-ON HOLD---REQUIRES VERIFICATION OF DATA OF FORM 5A DATA	12/1/2010 4:38:42 PM

Total: 2 comment(s)