

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:  
2512161

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) 3128168  
Fax: (303) 2910420

5. API Number 05-045-18604-00  
6. County: GARFIELD  
7. Well Name: THARP Well Number: 14A-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: ROLLINS Status: PRODUCING  
Treatment Date: 07/02/2010 Date of First Production this formation: 07/09/2010  
Perforations Top: 7398 Bottom: 7485 No. Holes: 34 Hole size: 30/100  
Provide a brief summary of the formation treatment: Open Hole:   
22000 LBS CRC SAND, 198000 LBS WHITE SAND, 10095 BBLs SLICKWATER  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 07/26/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 143 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 143 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 1475 Tubing PSI: 800 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1131 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6627 Tbg setting date: 07/23/2010 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: 07/12/2010 Date of First Production this formation: 07/09/2010

Perforations Top: 5755 Bottom: 7178 No. Holes: 130 Hole size: 30/100

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

91500 LBS CRC SAND, 823500 LBS WHITE SAND, 43172 BBLs SLICKWATER

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 07/26/2010 Hours: 24 Bbls oil: 18 Mcf Gas: 2382 Bbls H2O: 15

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 18 Mcf Gas: 2382 Bbls H2O: 15 GOR: 13233

Test Method: FLOWING Casing PSI: 1475 Tubing PSI: 800 Choke Size: 24/100

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1131 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6627 Tbg setting date: 07/23/2010 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: 8/23/2010 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: 12/14/2010

**Attachment Check List**

Att Doc Num	Name
2512161	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)