

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:

400119104

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: Brady Riley
 2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8115
 3. Address: 1099 18TH ST STE 2300 Fax: _____
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-18314-00 6. County: GARFIELD
 7. Well Name: SPECIALTY Well Number: 32D-28-692
 8. Location: QtrQtr: NWNE Section: 28 Township: 6S Range: 92W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: CORCORAN Status: PRODUCING
 Treatment Date: 08/22/2010 Date of First Production this formation: 08/26/2010
 Perforations Top: 7945 Bottom: 8081 No. Holes: 14 Hole size: 0.3
 Provide a brief summary of the formation treatment: Open Hole:
13600 lbs CRC Sand, 113400 lbs White Sand, 5928 bbls Slickwater
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 56 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 56 Bbls H2O: 0 GOR: _____
 Test Method: flowing Casing PSI: 130 Tubing PSI: 690 Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6593 Tbg setting date: 09/09/2010 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: 08/23/2010 Date of First Production this formation: 08/26/2010

Perforations Top: 7099 Bottom: 7176 No. Holes: 10 Hole size: 0.3

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

Treated with Williams Fork. See Williams Fork Treatment Summary.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 59 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 59 Bbls H2O: 0 GOR: _____

Test Method: flowing Casing PSI: 130 Tubing PSI: 690 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6593 Tbg setting date: 09/09/2010 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: 08/23/2010 Date of First Production this formation: 08/26/2010

Perforations Top: 5114 Bottom: 7063 No. Holes: 168 Hole size: 0.3

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

128400 lbs CRC Sand, 1110600 lbs White Sand, 57426 bbls Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/22/2010 Hours: 24 Bbls oil: 28 Mcf Gas: 1006 Bbls H2O: 137

Calculated 24 hour rate: _____ Bbls oil: 28 Mcf Gas: 1006 Bbls H2O: 137 GOR: 58333

Test Method: flowing Casing PSI: 130 Tubing PSI: 690 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6593 Tbg setting date: 09/09/2010 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: Brady Riley

Title: Permit Analyst Date: _____ Email: Briley@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)