

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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Document Number:

400119097

COMPLETED INTERVAL REPORT

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 05-045-18318-00 6. County: GARFIELD
7. Well Name: SPECIALTY Well Number: 42B-28-692
8. Location: QtrQtr: NENE Section: 28 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

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|---|---|
| FORMATION: <u>ROLLINS</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>09/16/2010</u> | Date of First Production this formation: <u>10/01/2010</u> |
| Perforations Top: <u>7263</u> Bottom: <u>7302</u> | No. Holes: <u>8</u> Hole size: <u>0.3</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>Treated with Williams Fork. See Williams Fork Treatment Summary.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>10/13/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>85</u> Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: | Bbls oil: <u>0</u> Mcf Gas: <u>85</u> Bbls H2O: <u>0</u> GOR: _____ |
| Test Method: <u>flowing</u> Casing PSI: <u>1660</u> Tubing PSI: <u>1060</u> Choke Size: <u>24/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1</u> API Gravity Oil: _____ | |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6287</u> Tbg setting date: <u>10/07/2010</u> Packer Depth: _____ | |
| Reason for Non-Production: <div></div> | |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ | |
| Bridge Plug Depth: _____ Sacks cement on top: _____ | |

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 09/17/2010 Date of First Production this formation: 10/01/2010

Perforations Top: 5281 Bottom: 7187 No. Holes: 172 Hole size: 0.3

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

147280 lbs CRC Sand, 1426500 lbs White Sand, 71939 bbls Slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 10/13/2010 Hours: 24 Bbls oil: 17 Mcf Gas: 1614 Bbls H2O: 215

Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 1614 Bbls H2O: 215 GOR: 94941

Test Method: flowing Casing PSI: 1660 Tubing PSI: 1060 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6284 Tbg setting date: 10/07/2010 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

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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

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)