

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400119350

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: Brady Riley
Phone: (303) 312-8115
Fax:

5. API Number 05-045-18989-00
6. County: GARFIELD
7. Well Name: GGU FED Well Number: 12C-33-691
8. Location: QtrQtr: SWNW Section: 33 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
Treatment Date: 08/23/2010 Date of First Production this formation: 09/08/2010
Perforations Top: 7340 Bottom: 7454 No. Holes: 20 Hole size: 0.3
Provide a brief summary of the formation treatment: Open Hole:
Treated with the Williams Fork. See Williams Fork Treatment Summary.
This formation is commingled with another formation: [X] Yes [ ] No
Test Information:
Date: 09/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 55 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 55 Bbls H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 1160 Tubing PSI: 1100 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6206 Tbg setting date: 09/18/2010 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: 08/24/2010 Date of First Production this formation: 09/08/2010

Perforations Top: 4968 Bottom: 7317 No. Holes: 184 Hole size: 0.3

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

161177 lbs CRC Sand, 1396106 lbs White Sand, 72501 bbls Slickwater

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 09/22/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 1039 Bbls H2O: 155

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 5 Mcf Gas: 1039 Bbls H2O: 155 GOR: 18342

Test Method: flowing Casing PSI: 1160 Tubing PSI: 1100 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6206 Tbg setting date: 09/18/2010 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

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**User Group** **Comment** **Comment Date**

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

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