

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:

400122187

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 05-045-19455-00 6. County: GARFIELD
 7. Well Name: GGU Barge Federal Well Number: 32B-32-691
 8. Location: QtrQtr: SENW Section: 32 Township: 6S Range: 91W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
 Treatment Date: 11/17/2010 Date of First Production this formation: 12/06/2010
 Perforations Top: 7427 Bottom: 7541 No. Holes: 12 Hole size: 0.34
 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: Yes No
Test Information:
 Date: 12/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 64 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 64 Bbls H2O: 0 GOR: 0
 Test Method: flowing Casing PSI: 1100 Tubing PSI: 850 Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6264 Tbg setting date: 12/14/2010 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: 11/19/2010 Date of First Production this formation: 12/06/2010

Perforations Top: 5014 Bottom: 7404 No. Holes: 178 Hole size: 0.34

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

lbs CRC Sand, lbs White Sand, BBLs Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/16/2010 Hours: 24 Bbls oil: 9 Mcf Gas: 1212 Bbls H2O: 247

Calculated 24 hour rate: _____ Bbls oil: 9 Mcf Gas: 1212 Bbls H2O: 247 GOR: 13466

Test Method: flowing Casing PSI: 1100 Tubing PSI: 820 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6264 Tbg setting date: 12/14/2010 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

User Group	Comment	Comment Date

Total: 0 comment(s)