

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400122246

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 05-045-19454-00
6. County: GARFIELD
7. Well Name: GGU Barge
Well Number: 22A-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: 11/26/2010
Perforations Top: 7226 Bottom: 7332 No. Holes: 14 Hole size: 0.34
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: [X] 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: 1200 Tubing PSI: 990 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4772 Tbg setting date: 12/07/2010 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:

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 11/19/2010 Date of First Production this formation: 11/26/2010

Perforations Top: 4823 Bottom: 7204 No. Holes: 150 Hole size: 0.34

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

164075 lbs CRC Sand, 1251334 lbs White Sand, 64495 BBLs Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/16/2010 Hours: 24 Bbls oil: 9 Mcf Gas: 1213 Bbls H2O: 247

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 1213 Bbls H2O: 247 GOR: 13477

Test Method: flowing Casing PSI: 1200 Tubing PSI: 990 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4772 Tbg setting date: 12/07/2010 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

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)