

**FORM
5A**Rev
02/08State 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:

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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 05-045-18583-00 6. County: GARFIELD
7. Well Name: CBS Well Number: 14B-21-692
8. Location: QtrQtr: NWSW Section: 21 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/15/2010</u>		Date of First Production this formation: <u>07/24/2010</u>	
Perforations	Top: <u>7436</u>	Bottom: <u>7549</u>	No. Holes: <u>10</u> Hole size: <u>0.3</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Treated with the Williams Fork. See Williams Fork Treatment Summary.</div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: <u>08/24/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>45</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>45</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1250</u>	Tubing PSI: <u>1000</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>6534</u>	Tbg setting date: <u>07/27/2010</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: 07/17/2010 Date of First Production this formation: 07/24/2010

Perforations Top: 5503 Bottom: 7404 No. Holes: 146 Hole size: 0.3

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

137200 lbs CRC Sand, 1234800 lbs White Sand, 63772 BBLs Slickwater

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

Test Information:

Date: 08/24/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 862 Bbls H2O: 171

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 862 Bbls H2O: 171 GOR: 66308

Test Method: flowing Casing PSI: 1250 Tubing PSI: 1000 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6534 Tbg setting date: 07/27/2010 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)