

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400123978

**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 05-045-19452-00 6. County: GARFIELD  
7. Well Name: GGU Barge Well Number: 22D-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: <u>ROLLINS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/15/2010</u>		Date of First Production this formation: <u>12/26/2010</u>	
Perforations	Top: <u>7289</u>	Bottom: <u>7388</u>	No. Holes: <u>14</u> Hole size: <u>0.34</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			
<b>Test Information:</b>			
Date: <u>01/11/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>53</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>53</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1100</u>	Tubing PSI: <u>790</u>	Choke Size: <u>28/64</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>6308</u>	Tbg setting date: <u>01/05/2011</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: 12/18/2010 Date of First Production this formation: 12/26/2010

Perforations Top: 4890 Bottom: 7239 No. Holes: 160 Hole size: 0.34

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

152502 lbs CRC Sand, 1365386 lbs White Sand, 70914 bbls Slickwater

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

**Test Information:**

Date: 01/11/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 1008 Bbls H2O: 217

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 1008 Bbls H2O: 217 GOR: 56000

Test Method: flowing Casing PSI: 1100 Tubing PSI: 790 Choke Size: 28/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6308 Tbg setting date: 01/05/2011 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
<u></u>	<u></u>

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)