

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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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: Valerie Walker
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8531
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18918-00 6. County: GARFIELD
7. Well Name: GGU FED Well Number: 11C-33-691
8. Location: QtrQtr: NWNW Section: 33 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/16/2010</u>		Date of First Production this formation: <u>10/06/2010</u>	
Perforations	Top: <u>7940</u>	Bottom: <u>8020</u>	No. Holes: <u>20</u> Hole size: <u>0.3</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>18,200 lbs CRC sand, 165,461 lbs White sand, 8665 slick water</u>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: <u>11/11/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>317</u> Bbls H2O: <u>141</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>317</u> Bbls H2O: <u>141</u> GOR: <u></u>
Test Method: <u>flowing</u>	Casing PSI: <u>925</u>	Tubing PSI: <u>890</u>	Choke Size: <u>32/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1014</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>7838</u>	Tbg setting date: <u>11/02/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 10/04/2010 Date of First Production this formation: 10/06/2010

Perforations Top: 8116 Bottom: 8334 No. Holes: 22 Hole size: 0.3

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

18,000 lbs CRC Sand, 162,670 lbs White Sand, 8366 bbls Slick water

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

Test Information:

Date: 11/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 317 Bbls H2O: 141

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 317 Bbls H2O: 141 GOR:

Test Method: Flowing Casing PSI: 925 Tubing PSI: 890 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1014 API Gravity Oil:

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7838 Tbg setting date: 11/02/2010 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: Valerie A. Walker

Title: Permit Analyst Date: Email vwalker@billbarrettcopr.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)