

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:

400131601

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: Valerie Walker
Phone: (303) 312-8531
Fax: (303) 291-0420

5. API Number 05-045-18882-00
6. County: GARFIELD
7. Well Name: GGU FED Well Number: 44A-29-691
8. Location: QtrQtr: NWNW Section: 33 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 10/05/2010 Date of First Production this formation: 10/17/2010

Perforations Top: 7454 Bottom: 7588 No. Holes: 20 Hole size: 0.3

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: Yes No

Test Information:

Date: 11/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 62 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 62 Bbls H2O: 0 GOR:

Test Method: Flowing Casing PSI: 1050 Tubing PSI: 850 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1171 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6342 Tbg setting date: 10/25/2010 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: 10/06/2010 Date of First Production this formation: 10/17/2010

Perforations Top: 5096 Bottom: 7420 No. Holes: 200 Hole size: 0.3

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

255,329 lbs CRC Sand, 1,750,638 lbs White Sand, 91373 bbls Slick Water

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/11/2010 Hours: 24 Bbls oil: 20 Mcf Gas: 1173 Bbls H2O: 141

Calculated 24 hour rate: _____ Bbls oil: 20 Mcf Gas: 1173 Bbls H2O: 141 GOR: _____

Test Method: Flowing Casing PSI: 1050 Tubing PSI: 850 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1171 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6342 Tbg setting date: 10/25/2010 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:

Williams Fork treatment date 10/6/2010 thru 10/19/2010

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@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

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

Total: 0 comment(s)