

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

COMPLETED INTERVAL REPORT

Document Number:

400098855

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: 10091 4. Contact Name: Kallasandra Moran
 2. Name of Operator: BERRY PETROLEUM COMPANY Phone: (303) 999-4225
 3. Address: 1999 BROADWAY STE 3700 Fax: (303) 999-4325
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-13643-00 6. County: GARFIELD
 7. Well Name: LATHAM Well Number: 29-26D
 8. Location: QtrQtr: SWSE Section: 29 Township: 5S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 02/19/2010 Date of First Production this formation: 11/11/2001

Perforations Top: 7612 Bottom: 8461 No. Holes: 90 Hole size: 0.34

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

Completed remaining stages of initial completion using 347,718 lbs 30/50 white sand and 26,981 bbls slickwater fluid. Led with 2000 gal 7.5% acid.
Stage 4 - 8,216'-8,461' @ 2 spf (30 holes). Frac'd with 109,231 lbs 30/50 white sand and 8,478 bbls slickwater fluid. Led with 500 gal 7.5% acid.
Stage 5 - 7,899'-8,155' @ 2 spf (30 holes). Frac'd with 123,187 lbs 30/50 white sand and 9,533 bbls slickwater fluid. Led with 500 gal. 7.5% acid.
Stage 6 - 7,612'-7,812' @ 2 spf (30 holes). Frac'd with 115,300 lbs 30/50 white sand and 8,970 bbls slickwater fluid. Led with 500 gal. 7.5% acid.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/03/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 330 Bbls H2O: 513

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 330 Bbls H2O: 513 GOR:

Test Method: Flowing Casing PSI: 1190 Tubing PSI: Choke Size: 20

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1083 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: 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:
** REVISED **
Completed stages 1-3 11/7/2008/ Completed stages 2/19/2010.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kallasandra M. Moran

Title: Permit Agent

Date: 11/3/2010

Email: kmoran@bry-consultant.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: *David S. Neslin*

Director of COGCC

Date: 2/9/2011

Attachment Check List

Att Doc Num	Name
400098855	FORM 5A SUBMITTED
400098856	OPERATIONS SUMMARY
400098857	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)