

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:

400132003

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 05-045-18912-00  
6. County: GARFIELD  
7. Well Name: GGU FED Well Number: 14B-28-691  
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: 10/04/2010 Date of First Production this formation: 10/20/2010  
Perforations Top: 7424 Bottom: 7546 No. Holes: 20 Hole size: 0.3  
Provide a brief summary of the formation treatment: 13,000 lbs CRC, 117,430 lbs White Sand, 6345 bbls Slick water Open Hole:   
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: 900 Tubing PSI: 760 Choke Size: 32/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1136 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6392 Tbg setting date: 10/20/2010 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: 10/05/2010 Date of First Production this formation: 10/20/2010

Perforations Top: 5249 Bottom: 7385 No. Holes: 190 Hole size: 0.3

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

197,146 lbs CRC Sand, 1,422,657 lbs White Sand, 73,666 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: 1175 Bbls H2O: 141

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 20 Mcf Gas: 1175 Bbls H2O: 141 GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: 900 Tubing PSI: 760 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1136 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6392 Tbg setting date: 10/20/2010 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 dates 10/5/2010 thru 10/18/2010

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)