

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:

2517217

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: ELAINE WINICK
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8168
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18312-00 6. County: GARFIELD
7. Well Name: SPECIALTY Well Number: 31B-28-692
8. Location: QtrQtr: NWNE Section: 28 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>08/21/2010</u>		Date of First Production this formation: <u>08/27/2010</u>		
Perforations	Top: <u>7723</u>	Bottom: <u>7886</u>	No. Holes: <u>16</u>	Hole size: <u>30/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>29800 LBS CRC SAND, 259200 LBS WHITE SAND, 13562 BBLS SLICKWATER</u>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>09/22/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>45</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>45</u>	Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1660</u>	Tubing PSI: <u>800</u>	Choke Size: <u>24</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1000</u>	API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6723</u>	Tbg setting date: <u>09/14/2010</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: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/21/2010</u>		Date of First Production this formation: <u>08/27/2010</u>			
Perforations	Top: <u>7960</u>	Bottom: <u>8123</u>	No. Holes: <u>16</u>	Hole size: <u>30/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
TREATED WITH COZZETTE, SEE COZZETTE TREATMENT SUMMARY					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>09/22/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>45</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>45</u>	Bbls H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1660</u>	Tubing PSI: <u>800</u>	Choke Size: <u>0</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1100</u>	API Gravity Oil: _____		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6723</u>	Tbg setting date: <u>09/14/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: <u>ROLLINS</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/24/2010</u>		Date of First Production this formation: <u>08/27/2010</u>			
Perforations	Top: <u>7148</u>	Bottom: <u>7232</u>	No. Holes: <u>10</u>	Hole size: <u>30/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
TREATED WITH WILLIAMS FORK, SEE WILLIAMS FORK TREATMENT SUMMARY					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>09/22/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>45</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>45</u>	Bbls H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1660</u>	Tubing PSI: <u>800</u>	Choke Size: <u>24/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1000</u>	API Gravity Oil: _____		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6723</u>	Tbg setting date: <u>09/14/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: 08/24/2010 Date of First Production this formation: 08/27/2010

Perforations Top: 5327 Bottom: 7117 No. Holes: 174 Hole size: 30/100

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

140000 LBS CRC SAND, 1166000 LBS WHITE SAND, 59776 BBLS SLICKWATER

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

Test Information:

Date: 09/22/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 770 Bbls H2O: 293

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 770 Bbls H2O: 293 GOR: 51333

Test Method: FLOWING Casing PSI: 1660 Tubing PSI: 800 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 0 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6723 Tbg setting date: 09/14/2010 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: ELAINE WINICK

Title: PERMIT ANALYST Date: 10/4/2010 Email EWINICK@BILLBARRETTCORP.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: 2/23/2011

Attachment Check List

Att Doc Num	Name
2517217	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

_____	_____	_____
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Total: 0 comment(s)