

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:
2517215

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: ELAINE WINICK
Phone: (303) 312-8168
Fax: (303) 291-0420

5. API Number 05-045-18581-00
6. County: GARFIELD
7. Well Name: CBS Well Number: 13A-21-692
8. Location: QtrQtr: NWSW Section: 21 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 08/07/2010 Date of First Production this formation: 08/17/2010

Perforations Top: 7268 Bottom: 7332 No. Holes: 6 Hole size: 30/100

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

TREATED WITH WILLIAMS FORK, SEE WILLIAMS FOR TREATMENT SUMMARY.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/30/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 63 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 63 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 950 Tubing PSI: 650 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1100 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6312 Tbg setting date: 08/17/2010 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: 08/07/2010 Date of First Production this formation: 08/17/2010

Perforations Top: 5339 Bottom: 7234 No. Holes: 164 Hole size: 30/100

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

110544 LS CRC SAND, 971486 LS WHITE SAND, 49659 BBLs SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/30/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 1187 Bbls H2O: 143

Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 1187 Bbls H2O: 143 GOR: 23740

Test Method: FLOWING Casing PSI: 950 Tubing PSI: 650 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1100 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6312 Tbg setting date: 08/17/2010 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

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: 2/24/2011

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Well bore diagram is attached to doc # 2577299.	2/24/2011 7:54:08 AM

Total: 1 comment(s)