

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
----	----	----	----

Document Number:

2517295

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 05-045-18310-00 6. County: GARFIELD
7. Well Name: SPECIALTY Well Number: 32A-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>ROLLINS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/21/2010</u>		Date of First Production this formation: <u>08/26/2010</u>	
Perforations	Top: <u>7243</u>	Bottom: <u>7322</u>	No. Holes: <u>8</u> Hole size: <u>30/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>TREATED WITH WILLIAMS FORK, SEE WILLIAMS FORK TREATMENT SUMMARY</u>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: <u>09/15/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>61</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>61</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1300</u>	Tubing PSI: <u>750</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1100</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6399</u>	Tbg setting date: <u>09/07/2010</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: WILLIAMS FORK Status: PRODUCING

Treatment Date: 08/21/2010 Date of First Production this formation: 08/26/2010

Perforations Top: 5507 Bottom: 7244 No. Holes: 130 Hole size: 30/100

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

103800 LBS CRC SAND, 908200 LBS WHITE SAND, 46964 BBLS SLICKWATER

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

Test Information:

Date: 09/15/2010 Hours: 24 Bbls oil: 18 Mcf Gas: 1164 Bbls H2O: 44

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 1164 Bbls H2O: 44 GOR: 64667

Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 750 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1100 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6399 Tbg setting date: 09/07/2010 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: 10/6/2010 Email EWINICK@BILLBARRETTCORP.COM

:

Attachment Check List

Att Doc Num	Name
2517295	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Well bore diagram attached to doc # 2577338.	2/28/2011 11:58:18 AM

Total: 1 comment(s)