

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:
2517295

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: ROLLINS Status: PRODUCING
 Treatment Date: 08/21/2010 Date of First Production this formation: 08/26/2010
 Perforations Top: 7243 Bottom: 7322 No. Holes: 8 Hole size: 30/100
 Provide a brief summary of the formation treatment: Open Hole:
TREATED WITH WILLIAMS FORK, SEE WILLIAMS FORK TREATMENT SUMMARY
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/15/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 61 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 61 Bbls H2O: 0 GOR: 0
 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: _____
 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: _____

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)