

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:  
400142095

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: Valerie Walker  
 2. Name of Operator: BARRETT CORPORATION\* BILL Phone: (303) 312-8531  
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-19626-00 6. County: GARFIELD  
 7. Well Name: GGU Federal Well Number: 42B-29-691  
 8. Location: QtrQtr: NWSE Section: 29 Township: 6S Range: 91W Meridian: 6  
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING  
 Treatment Date: 02/11/2011 Date of First Production this formation: 02/18/2011  
 Perforations Top: 7503 Bottom: 7611 No. Holes: 12 Hole size: 0.3  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Treated with Williams Fork, see Williams Fork treatment dates  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 03/10/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 69 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 69 Bbls H2O: 0 GOR: \_\_\_\_\_  
 Test Method: flowing Casing PSI: 1475 Tubing PSI: 1150 Choke Size: 24/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1152 API Gravity Oil: 60  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6347 Tbg setting date: 03/02/2011 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: 02/11/2011 Date of First Production this formation: 02/18/2011  
Perforations Top: 5086 Bottom: 7466 No. Holes: 214 Hole size: 0.3

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

176,400 lbs CRC sand, 1,447,073 lbs White sand (20-40), 1,031,600 lbs White Sand (30-50), 79,624 bbls slick water

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 03/10/2011 Hours: 24 Bbls oil: 26 Mcf Gas: 1183 Bbls H2O: 122  
Calculated 24 hour rate: Bbls oil: 26 Mcf Gas: 1183 Bbls H2O: 122 GOR: 45500  
Test Method: flowing Casing PSI: 1475 Tubing PSI: 1150 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1152 API Gravity Oil: 60  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6347 Tbg setting date: 03/02/2011 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 2/11/2011 thry 2/25/2011

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

**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)