

**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:

400122119

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: Brady Riley
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8115
3. Address: 1099 18TH ST STE 2300 Fax: _____
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19450-00 6. County: GARFIELD
7. Well Name: GGU Barge Federal Well Number: 32A-32-691
8. Location: QtrQtr: SENW Section: 32 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

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|---|---|---|---|
| FORMATION: <u>ROLLINS</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>11/17/2010</u> | | Date of First Production this formation: <u>11/27/2010</u> | |
| Perforations | Top: <u>7439</u> Bottom: <u>7552</u> | No. Holes: <u>16</u> | Hole size: <u>2 + 7/8</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <u>Treated with the 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>12/16/2010</u> | Hours: <u>24</u> | Bbls oil: <u>0</u> | Mcf Gas: <u>54</u> Bbls H2O: <u>0</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>0</u> | Mcf Gas: <u>54</u> Bbls H2O: <u>0</u> GOR: <u>0</u> |
| Test Method: <u>flowing</u> | Casing PSI: <u>1325</u> | Tubing PSI: <u>1100</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>6287</u> | Tbg setting date: <u>12/05/2010</u> | Packer Depth: _____ |
| Reason for Non-Production: _____ | | | |
| 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: _____ | | |

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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|--|-----------------------------------|---|-------------------------------------|---------------------------|-------------------|
| FORMATION: <u>WILLIAMS FORK</u> | | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>11/20/2010</u> | | Date of First Production this formation: <u>11/27/2010</u> | | | |
| Perforations | Top: <u>5019</u> | Bottom: <u>7414</u> | No. Holes: <u>176</u> | Hole size: <u>2 + 7/8</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <u>178787 lbs CRC Sand, 1408426 lbs White Sand, 72747 BBLs Slickwater</u> | | | | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: <u>12/16/2010</u> | Hours: <u>24</u> | Bbls oil: <u>8</u> | Mcf Gas: <u>1025</u> | Bbls H2O: <u>247</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>8</u> | Mcf Gas: <u>1025</u> | Bbls H2O: <u>247</u> | GOR: <u>12812</u> |
| Test Method: <u>flowing</u> | | Casing PSI: <u>1325</u> | Tubing PSI: <u>1100</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>6287</u> | Tbg setting date: <u>12/05/2010</u> | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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: _____ | | | |

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Brady Riley

Title: Permit Analyst Date: 1/10/2011 Email briley@billbarrettcorp.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400122119 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)