

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:
400142037

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

5. API Number 05-045-19619-00
6. County: GARFIELD
7. Well Name: GGU Swanson
Well Number: 33C-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: 02/26/2011
Perforations Top: 6998 Bottom: 7108 No. Holes: 12 Hole size: 0.3

Provide a brief summary of the formation treatment: Treated with Williams Fork, see Williams Fork treatment
Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/08/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 38 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 38 Bbls H2O: 0 GOR: _____
Test Method: flowing Casing PSI: 1390 Tubing PSI: 900 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1205 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5879 Tbg setting date: 03/01/2011 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: 02/26/2011
Perforations Top: 4649 Bottom: 6975 No. Holes: 208 Hole size: 0.3

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

144,200 Lbs CRC Sand, 1,365,395 Lbs White Sand, 70,901 bbls Slick water

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/11/2011 Hours: 24 Bbls oil: 16 Mcf Gas: 725 Bbls H2O: 90
Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 725 Bbls H2O: 90 GOR: 45313
Test Method: Flowing Casing PSI: 1390 Tubing PSI: 900 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1205 API Gravity Oil: 60
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5879 Tbg setting date: 03/01/2011 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 thru 2/24/2011

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)