

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:  
400142005

**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 05-045-19685-00  
6. County: GARFIELD  
7. Well Name: GGU Federal  
Well Number: 43D-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: 01/14/2011 Date of First Production this formation: 01/19/2011

Perforations Top: 7318 Bottom: 7427 No. Holes: 14 Hole size: 0.3

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: 02/10/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 95 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 95 Bbls H2O: 0 GOR:         

Test Method: flowing Casing PSI: 1180 Tubing PSI: 1150 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1176 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6319 Tbg setting date: 02/03/2011 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: 01/14/2011 Date of First Production this formation: 01/19/2011

Perforations Top: 5186 Bottom: 7279 No. Holes: 188 Hole size: 0.3

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

181,000 lbs CRC sand, 1,595,000 lbs White sand, 81,122 bbls slick water

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 02/10/2011 Hours: 24 Bbls oil: 21 Mcf Gas: 1810 Bbls H2O: 164

Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 1810 Bbls H2O: 164 GOR: 84976

Test Method: flowing Casing PSI: 1180 Tubing PSI: 1150 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1176 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6319 Tbg setting date: 02/03/2011 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 1/14/2011 thru 1/28/2011

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: 3/11/2011 Email vwalker@billbarrettcorp.com

**Attachment Check List**

Att Doc Num	Name
400142005	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)