

**FORM
5A**Rev
02/08State 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:

400142097

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 05-045-19643-00 6. County: GARFIELD
7. Well Name: GGU Swanson Well Number: 33D-29-691
8. Location: QtrQtr: NWSE Section: 29 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed IntervalFORMATION: ROLLINS Status: PRODUCING

Treatment Date: 02/11/2011 Date of First Production this formation: 02/19/2011
Perforations Top: 7037 Bottom: 7132 No. Holes: 16 Hole size: 0.3

Provide a brief summary of the formation treatment: Open Hole: ☐Treated with Williams Fork, see Williams Fork treatmentThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: 03/08/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 70 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 70 Bbls H2O: 0 GOR:
Test Method: Flowing Casing PSI: 1310 Tubing PSI: 1080 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1118 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5906 Tbg setting date: 02/28/2011 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: 02/19/2011

Perforations Top: 4685 Bottom: 7000 No. Holes: 218 Hole size: 0.3

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

155,150 lbs CRC Sand, 1,535,198 lbs White Sand, 79,022 bbls Slick Water

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 03/08/2011 Hours: 24 Bbls oil: 16 Mcf Gas: 1336 Bbls H2O: 90

Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 1336 Bbls H2O: 90 GOR: 83500

Test Method: Flowing Casing PSI: 1320 Tubing PSI: 1080 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1118 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5906 Tbg setting date: 02/28/2011 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: 3/12/2011 Email vwalker@billbarrettcorp.com

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Attachment Check List

Att Doc Num	Name
400142097	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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