


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400096093</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>10091</u>		4. Contact Name: <u>Kallasandra Moran</u>					
2. Name of Operator: <u>BERRY PETROLEUM COMPANY</u>		Phone: <u>(303) 999-4225</u>					
3. Address: <u>1999 BROADWAY STE 3700</u>		Fax: <u>(303) 999-4325</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-045-13246-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>GRANLEE OM</u>		Well Number: <u>04D C10 696</u>					
8. Location: QtrQtr: <u>NENW</u>	Section: <u>10</u>	Township: <u>6S</u>	Range: <u>96W</u> Meridian: <u>6</u>				
9. Field Name: <u>GRAND VALLEY</u>		Field Code: <u>31290</u>					
<u>Completed Interval</u>							
FORMATION: <u>WILLIAMS FORK</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>05/19/2010</u>		Date of First Production this formation: <u>10/31/2008</u>					
Perforations Top: <u>8257</u>	Bottom: <u>9237</u>	No. Holes: <u>120</u>	Hole size: <u>0.34</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
Frac'd remaining 4 stages of initial completion with 735,057 lbs 30/50 white sand with 37,989 bbls slickwater fluid mixed with 2000 gal 7.5% acid. Stage 4 - 9,037' - 9,237' @ 2 spf (30 shots). Frac'd with 165,075 lbs 30/50 white sand and 8,547 bbls slickwater fluid. Led with 500 gals 7.5% acid. Stage 5 - 8,775' - 8,982' @ 2 spf (30 shots). Frac'd with 135,006 lbs 30/50 white sand and 7,036 bbls slickwater fluid. Led with 500 gals 7.5% acid. Stage 6 - 8,491' - 8,731' @ 2 spf (30 shots). Frac'd with 248,920 lbs 30/50 white sand and 12,771 bbls slickwater fluid. Led with 500 gals 7.5% acid. Stage 7 - 8,257' - 8,440' @ 2 spf (30 shots). Frac'd with 186,056 lbs 30/50 white sand and 9,635 bbls slickwater fluid. Led with 500 gals 7.5% acid.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>06/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>260</u> Bbls H2O: <u>506</u>				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>260</u> Bbls H2O: <u>506</u> GOR: <u> </u>				
Test Method: <u>Flowing</u>	Casing PSI: <u>820</u>	Tubing PSI: <u>300</u>	Choke Size: <u>24</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1109</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>10058</u>	Tbg setting date: <u>09/03/2010</u>	Packer Depth: <u> </u>				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>				
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

Comment:

This is a revised Form 5A.

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

Signed: _____ Print Name: Kallasandra M. Moran

Title: Permit Agent Date: 10/6/2010 Email kmoran@bry-consultant.com

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Attachment Check List

Att Doc Num	Name
400096093	FORM 5A SUBMITTED
400096094	OPERATIONS SUMMARY
400096096	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)