

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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COMPLETED INTERVAL REPORT

Document Number:

400150170

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 05-045-19623-00 6. County: GARFIELD
7. Well Name: GGU Swanson Well Number: 33A-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: 03/14/2011 Date of First Production this formation: 03/26/2011

Perforations Top: 7006 Bottom: 7114 No. Holes: 20 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: 04/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 66 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 66 Bbls H2O: 0 GOR:

Test Method: flowing Casing PSI: 1160 Tubing PSI: 880 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1165 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5965 Tbg setting date: 03/26/2011 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: 03/14/2011 Date of First Production this formation: 03/26/2011

Perforations Top: 4839 Bottom: 6980 No. Holes: 178 Hole size: 0.3

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

1,518,900 lbs White sand, 160,100 lbs CRC sand, 77,534 bbls slick water

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/04/2011 Hours: 24 Bbls oil: 19 Mcf Gas: 1250 Bbls H2O: 102

Calculated 24 hour rate: _____ Bbls oil: 19 Mcf Gas: 1250 Bbls H2O: 102 GOR: _____

Test Method: flowing Casing PSI: 1160 Tubing PSI: 880 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1165 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5965 Tbg setting date: 03/26/2011 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 3/14/2011- 3/23/2011

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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

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)