

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:  
400132176

**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 05-045-18900-00  
6. County: GARFIELD  
7. Well Name: GGU FED  
Well Number: 21B-33-691  
8. Location: QtrQtr: NWNW Section: 33 Township: 6S Range: 91W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 11/06/2010 Date of First Production this formation: 11/18/2010

Perforations Top: 7697 Bottom: 7816 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: 12/01/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 62 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 62 Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: 1120 Tubing PSI: 880 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1182 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6713 Tbg setting date: 11/18/2010 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: 11/06/2010 Date of First Production this formation: 11/18/2010

Perforations Top: 5615 Bottom: 7659 No. Holes: 152 Hole size: 0.3

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

166,840 lbs CRC Sand, 1,422,350 lbs White Sand, 73941 bbls Slick water

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 12/01/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 1195 Bbls H2O: 136

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 1195 Bbls H2O: 136 GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: 1120 Tubing PSI: 880 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1182 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6713 Tbg setting date: 11/18/2010 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 11/6/2010 thru 11/15/2010.

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: 2/10/2011 Email vwalker@billbarrettcorp.com

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400132176   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)