

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:
400132179

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 05-045-18913-00
6. County: GARFIELD
7. Well Name: GGU FED
Well Number: 41C-32-691
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: 12/06/2010 Date of First Production this formation: 12/10/2010

Perforations Top: 7369 Bottom: 7482 No. Holes: 16 Hole size: 0.3

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

15,000 lbs CRC Sand, 132,961 lbs White Sand, 7041 bbls Slick water

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/30/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 49 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 49 Bbls H2O: 0 GOR: _____

Test Method: Flowing Casing PSI: 900 Tubing PSI: 500 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1170 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6344 Tbg setting date: 12/17/2010 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: 12/07/2010 Date of First Production this formation: 12/10/2010

Perforations Top: 5219 Bottom: 7334 No. Holes: 158 Hole size: 0.3

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

153,445 lbs CRC Sand, 1,135,598 lbs White Sand, 58,314 bbls Slick water

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/30/2010 Hours: 24 Bbls oil: 24 Mcf Gas: 936 Bbls H2O: 145

Calculated 24 hour rate: _____ Bbls oil: 24 Mcf Gas: 936 Bbls H2O: 145 GOR: _____

Test Method: Flowing Casing PSI: 900 Tubing PSI: 500 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1170 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6344 Tbg setting date: 12/17/2010 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 treatmetn date 12/7/2010 thru 12/14/2010

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
400132179	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)