


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;">400119100</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>10071</u>		4. Contact Name: <u>Brady Riley</u>					
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>		Phone: <u>(303) 312-8115</u>					
3. Address: <u>1099 18TH ST STE 2300</u>		Fax: _____					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-045-18316-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>SPECIALTY</u>		Well Number: <u>42D-28-692</u>					
8. Location: QtrQtr: <u>NENE</u>	Section: <u>28</u>	Township: <u>6S</u>	Range: <u>92W</u> Meridian: <u>6</u>				
9. Field Name: <u>MAMM CREEK</u>		Field Code: <u>52500</u>					
<u>Completed Interval</u>							
FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>09/16/2010</u>		Date of First Production this formation: <u>10/01/2010</u>					
Perforations Top: <u>7098</u>	Bottom: <u>7216</u>	No. Holes: <u>12</u>	Hole size: <u>0.3</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
Treated with Williams Fork, See Williams Fork Treatment Summary.							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Test Information:							
Date: <u>09/16/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>80</u> Bbls H2O: <u>0</u>				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>80</u> Bbls H2O: <u>0</u> GOR: _____				
Test Method: <u>flowing</u>	Casing PSI: <u>1500</u>	Tubing PSI: <u>940</u>	Choke Size: <u>24/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1130</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6217</u>	Tbg setting date: <u>10/09/2010</u>	Packer Depth: _____				
Reason for Non-Production:							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____				
Bridge Plug Depth: _____		Sacks cement on top: _____					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>WILLIAMS FORK</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>09/17/2010</u>		Date of First Production this formation: <u>10/01/2010</u>			
Perforations	Top: <u>5233</u>	Bottom: <u>7067</u>	No. Holes: <u>150</u>	Hole size: <u>0.3</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>115268 lbs CRC Sand, 1082400 lbs White Sand, 62912 bbls Slickwater</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>10/15/2010</u>	Hours: <u>24</u>	Bbls oil: <u>6</u>	Mcf Gas: <u>1520</u>	Bbls H2O: <u>214</u>	
Calculated 24 hour rate:		Bbls oil: <u>6</u>	Mcf Gas: <u>1520</u>	Bbls H2O: <u>214</u>	GOR: <u>25333</u>
Test Method: <u>flowing</u>		Casing PSI: <u>1500</u>	Tubing PSI: <u>940</u>	Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1130</u>	API Gravity Oil: <u>47</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6217</u>	Tbg setting date: <u>10/09/2010</u>		Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

Comment:

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

Signed: _____ Print Name: Brady Riley

Title: Permit Analyst Date: 12/27/2010 Email briley@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400119100	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)