


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">400119113</div>	DE	ET	OE	ES				
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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.											
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Treatment Date: <u>09/16/2010</u> Date of First Production this formation: <u>09/30/2010</u>											
Perforations Top: <u>7119</u> Bottom: <u>7206</u> No. Holes: <u>10</u> Hole size: <u>0.3</u>											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">Treated with Williams Fork. See Williams Fork Treatment Summary.</div>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Test Information:											
Date: <u>10/13/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>85</u> Bbls H2O: <u>0</u>											
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>85</u> Bbls H2O: <u>0</u> GOR: _____											
Test Method: <u>flowing</u> Casing PSI: <u>1650</u> Tubing PSI: <u>950</u> Choke Size: <u>24/64</u>											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1131</u> API Gravity Oil: <u>0</u>											
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6406</u> Tbg setting date: <u>10/07/2010</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>09/30/2010</u>		
Perforations	Top: <u>5385</u>	Bottom: <u>7072</u>	No. Holes: <u>146</u>	Hole size: <u>0.3</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>124120 lbs CRC Sand, 1227880 lbs White Sand, 61951 bbls Slickwater</div>				
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>1607</u>	Bbls H2O: <u>214</u>
Calculated 24 hour rate:		Bbls oil: <u>6</u>	Mcf Gas: <u>1607</u>	Bbls H2O: <u>214</u> GOR: <u>26783</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1650</u>	Tubing PSI: <u>950</u>	Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1131</u>	API Gravity Oil: <u>47</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6406</u>	Tbg setting date: <u>10/07/2010</u>	Packer Depth: _____	
Reason for Non-Production: <div></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
400119113	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)