

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400119095</div>				
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>05-045-18309-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>SPECIALTY</u>	Well Number: <u>41B-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>	

Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/16/2010</u>	Date of First Production this formation: <u>09/29/2010</u>
Perforations Top: <u>7169</u> Bottom: <u>7224</u>	No. Holes: <u>8</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 for treatment summary. </div>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>10/31/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>67</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>67</u> Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>flowing</u> Casing PSI: <u>1290</u> Tubing PSI: <u>810</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1095</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6303</u> Tbg setting date: <u>09/30/2010</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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 09/16/2010 Date of First Production this formation: 09/29/2010

Perforations Top: 5367 Bottom: 7100 No. Holes: 138 Hole size: 0.3

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

105400 lbs CRC sand, 1072600 lbs White Sand, 54025 bbls Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/13/2010 Hours: 24 Bbls oil: 17 Mcf Gas: 1136 Bbls H2O: 215

Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 1136 Bbls H2O: 215 GOR: 66824

Test Method: flowing Casing PSI: 1290 Tubing PSI: 810 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1095 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6306 Tbg setting date: 09/30/2010 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: _____

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: 12/28/2010 Email briley@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400119095	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)