

<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  400119097				
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>05-045-18318-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>SPECIALTY</u>	Well Number: <u>42B-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>10/01/2010</u>
Perforations Top: <u>7263</u> Bottom: <u>7302</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"/>
Treated with Williams Fork. See Williams Fork Treatment Summary.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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>1660</u> Tubing PSI: <u>1060</u> Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1132</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6287</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: WILLIAMS FORK Status: PRODUCING

Treatment Date: 09/17/2010 Date of First Production this formation: 10/01/2010

Perforations Top: 5281 Bottom: 7187 No. Holes: 172 Hole size: 0.3

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

147280 lbs CRC Sand, 1426500 lbs White Sand, 71939 bbls Slickwater

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 10/13/2010 Hours: 24 Bbls oil: 17 Mcf Gas: 1614 Bbls H2O: 215

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 17 Mcf Gas: 1614 Bbls H2O: 215 GOR: 94941

Test Method: flowing Casing PSI: 1660 Tubing PSI: 1060 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1132 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6284 Tbg setting date: 10/07/2010 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
400119097	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)