


<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%; 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;">400119104</div>	DE	ET	OE	ES																					
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<b>COMPLETED INTERVAL REPORT</b>																												
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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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: _____																												

FORMATION: <u>ROLLINS</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/23/2010</u>		Date of First Production this formation: <u>08/26/2010</u>			
Perforations	Top: <u>7099</u>	Bottom: <u>7176</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"/>		
<u>Treated with Williams Fork. See Williams Fork Treatment Summary.</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>09/22/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>59</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>59</u>	Bbls H2O: <u>0</u>	GOR: <u></u>
Test Method: <u>flowing</u>	Casing PSI: <u>130</u>	Tubing PSI: <u>690</u>	Choke Size: <u>24/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1105</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6593</u>	Tbg setting date: <u>09/09/2010</u>	Packer Depth: <u></u>		
Reason for Non-Production:					
<u></u>					
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>		
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>			

FORMATION: <u>WILLIAMS FORK</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/23/2010</u>		Date of First Production this formation: <u>08/26/2010</u>			
Perforations	Top: <u>5114</u>	Bottom: <u>7063</u>	No. Holes: <u>168</u>	Hole size: <u>0.3</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>128400 lbs CRC Sand, 1110600 lbs White Sand, 57426 bbls Slickwater</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>09/22/2010</u>	Hours: <u>24</u>	Bbls oil: <u>28</u>	Mcf Gas: <u>1006</u>	Bbls H2O: <u>137</u>	
Calculated 24 hour rate:		Bbls oil: <u>28</u>	Mcf Gas: <u>1006</u>	Bbls H2O: <u>137</u>	GOR: <u>58333</u>
Test Method: <u>flowing</u>	Casing PSI: <u>130</u>	Tubing PSI: <u>690</u>	Choke Size: <u>24/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1105</u>	API Gravity Oil: <u>47</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6593</u>	Tbg setting date: <u>09/09/2010</u>	Packer Depth: <u></u>		
Reason for Non-Production:					
<u></u>					
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>		
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>			

Comment:
<u></u>

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
400119104	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)