

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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.

1. OGCC Operator Number: 10071 4. Contact Name: Brady Riley
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8115
3. Address: 1099 18TH ST STE 2300 Fax: _____
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19420-00 6. County: GARFIELD
7. Well Name: GGU MILLER FED Well Number: 34B-32-691
8. Location: QtrQtr: SESW Section: 32 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

| | | | | |
|--|-----------------------------------|---|-----------------------------------|----------------------------------|
| FORMATION: <u>ROLLINS</u> | | Status: <u>PRODUCING</u> | | |
| Treatment Date: _____ | | Date of First Production this formation: <u>03/06/2011</u> | | |
| Perforations | Top: <u>7042</u> | Bottom: <u>7190</u> | No. Holes: <u>16</u> | Hole size: <u>0.34</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | |
| <div>Treated with the 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>03/22/2011</u> | Hours: <u>24</u> | Bbls oil: <u>0</u> | Mcf Gas: <u>75</u> | Bbls H2O: <u>0</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>0</u> | Mcf Gas: <u>75</u> | Bbls H2O: <u>0</u> GOR: <u>0</u> |
| Test Method: <u>flowing</u> | Casing PSI: <u>1350</u> | Tubing PSI: <u>1230</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>6055</u> | Tbg setting date: <u>03/16/2011</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: _____ | | |

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 02/26/2011 Date of First Production this formation: 03/06/2011

Perforations Top: 4890 Bottom: 7019 No. Holes: 170 Hole size: 0.34

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

Treated with 1391041 lbs of 20/40 White Sand, 145,800 lbs of 20/40 CRC, 71,077 bbls Slurry.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 03/22/2011 Hours: 24 Bbls oil: 37 Mcf Gas: 1432 Bbls H2O: 11

Calculated 24 hour rate: Bbls oil: 37 Mcf Gas: 1432 Bbls H2O: 11 GOR: 38702

Test Method: flowing Casing PSI: 1350 Tubing PSI: 1230 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1130 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6055 Tbg setting date: 03/16/2011 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: _____ Email briley@billbarrettcorp.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)