

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



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COMPLETED INTERVAL REPORT

Document Number:

400163582

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 05-045-18662-00 6. County: GARFIELD  
 7. Well Name: MILLER FEDERAL Well Number: 23C-6-791  
 8. Location: QtrQtr: NWSE Section: 6 Township: 7S Range: 91W Meridian: 6  
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING  
 Treatment Date: 04/03/2011 Date of First Production this formation: 04/14/2011  
 Perforations Top: 6959 Bottom: 7048 No. Holes: 18 Hole size: 0.34  
 Provide a brief summary of the formation treatment: Open Hole:   
 Treated with the Williams Fork formation. See Williams Fork treatment summary.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 04/25/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 66 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 66 Bbls H2O: 0 GOR: 0  
 Test Method: flowing Casing PSI: 1500 Tubing PSI: 875 Choke Size: 24/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1134 API Gravity Oil: 52  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5872 Tbg setting date: 04/16/2011 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: \_\_\_\_\_

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 04/03/2011 Date of First Production this formation: 04/14/2011

Perforations Top: 4703 Bottom: 6934 No. Holes: 178 Hole size: 0.34

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

Treated with: 143,200 lbs 20/40 CRC Sand, 1,236,793 lbs 20/40 White Sand, 63,721 bbls slickwater

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 04/25/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 1252 Bbls H2O: 23

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 2 Mcf Gas: 1252 Bbls H2O: 23 GOR: 62600

Test Method: flowing Casing PSI: 1500 Tubing PSI: 875 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1134 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5872 Tbg setting date: 04/16/2011 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**

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

Total: 0 comment(s)