

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:

400163591

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 05-045-18661-00 6. County: GARFIELD
 7. Well Name: MILLER FEDERAL Well Number: 23B-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: 04/16/2011
 Perforations Top: 6983 Bottom: 7070 No. Holes: 14 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 for breakdown.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/25/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 65 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 65 Bbls H2O: 0 GOR: 0
 Test Method: flowing Casing PSI: 1650 Tubing PSI: 1050 Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1129 API Gravity Oil: 52
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5901 Tbg setting date: 04/15/2011 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: 04/16/2011

Perforations Top: 4724 Bottom: 6950 No. Holes: 180 Hole size: 0.34

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

Treated with: 1,339,634 lbs 20/40 White Sand, 149,400 lbs CRC Sand, 69,213 bbls slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/25/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 1231 Bbls H2O: 23

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 1231 Bbls H2O: 23 GOR: 61550

Test Method: flowing Casing PSI: 1650 Tubing PSI: 1050 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1129 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5901 Tbg setting date: 04/15/2011 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)