

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400167194

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: <u>10071</u>	4. Contact Name: <u>Mary Pobuda</u>
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 312-8511</u>
3. Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>(303) 291-0420</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-18664-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>MILLER</u>	Well Number: <u>33A-6-791</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>6</u> Township: <u>7S</u> Range: <u>91W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

Completed Interval

FORMATION: ROLLINSStatus: PRODUCINGTreatment Date: 04/03/2011Date of First Production this formation: 04/14/2011Perforations Top: 6912 Bottom: 7004 No. Holes: 16 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐Treated with Williams Fork. 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: 78 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 78 Bbls H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 1500 Tubing PSI: 950 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1163 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 5863 Tbg setting date: 04/14/2011 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 FORKStatus: PRODUCINGTreatment Date: 04/03/2011Date of First Production this formation: 04/14/2011Perforations Top: 4723 Bottom: 6886 No. Holes: 192 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐Treated with: 1332285 lbs 20/40 White Sand, 147400 lbs 20/40 CRC, 68397 bbls slick waterThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 04/25/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 1483 Bbls H2O: 356Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 1483 Bbls H2O: 356 GOR: 59320Test Method: Flowing Casing PSI: 1500 Tubing PSI: 950 Choke Size: 24/26Gas Disposition: SOLD Gas Type: WET BTU Gas: 1163 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 5863 Tbg setting date: 04/14/2011 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: Mary PobudaTitle: Permit Analyst Date: _____ Email: mpobuda@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)