

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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Document Number:

400167968

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

5. API Number 05-045-19421-00  
6. County: GARFIELD  
7. Well Name: GGU MILLER FED  
Well Number: 33B-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: ROLLINSStatus: PRODUCINGTreatment Date: 04/13/2011Date of First Production this formation: 04/26/2011Perforations Top: 7111 Bottom: 7235 No. Holes: 24 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: 05/05/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 50 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 50 Bbls H2O: 0 GOR: 0Test Method: flowing Casing PSI: 1250 Tubing PSI: 1000 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1125 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6063 Tbg setting date: 04/28/2011 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: 04/16/2011Date of First Production this formation: 04/26/2011Perforations Top: 4915 Bottom: 7085 No. Holes: 162 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐Treated with: 315,600 lbs CRC Sand, 1,313,346 lbs 20/40 Sand, 69,568 bbls SlickwaterThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 05/05/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 949 Bbls H2O: 139Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 949 Bbls H2O: 139 GOR: 11862Test Method: flowing Casing PSI: 1250 Tubing PSI: 1000 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1125 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6063 Tbg setting date: 04/28/2011 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 RileyTitle: 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**

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Total: 0 comment(s)