

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

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.

Document Number:

400168757

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: Mary Pobuda
Phone: (303) 312-8511
Fax: (303) 291-0420

5. API Number 05-045-19423-00
6. County: GARFIELD
7. Well Name: GGU MILLER FED
Well Number: 33C-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: 04/29/2011Perforations Top: 7176 Bottom: 7290 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: 05/10/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 51 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 51 Bbls H2O: 0 GOR: 0Test Method: flowing Casing PSI: 1000 Tubing PSI: 800 Choke Size: 24Gas Disposition: SOLD Gas Type: WET BTU Gas: 1097 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6151 Tbg setting date: 05/04/2011 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: 04/13/2011Date of First Production this formation: 04/29/2011Perforations Top: 4985 Bottom: 7151 No. Holes: 164 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐Treated with: 130400 lbs CRC sand, 1161176 lbs white sand & 61724 bbls slickwaterThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 05/10/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 964 Bbls H2O: 93Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 964 Bbls H2O: 93 GOR: 53556Test Method: flowing Casing PSI: 1000 Tubing PSI: 800 Choke Size: 24Gas Disposition: SOLD Gas Type: WET BTU Gas: 1097 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6151 Tbg setting date: 05/04/2011 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)