

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:
400168803

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.

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| 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> | |

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|--|--------------------------------|
| 5. API Number <u>05-045-19800-00</u> | 6. County: <u>GARFIELD</u> |
| 7. Well Name: <u>GGU Federal</u> | Well Number: <u>42C-29-691</u> |
| 8. Location: QtrQtr: <u>NENE</u> Section: <u>29</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u> | |

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 04/26/2011 Date of First Production this formation: 05/02/2011

Perforations Top: 7156 Bottom: 7264 No. Holes: 18 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: 05/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 87 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 87 Bbls H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 1300 Tubing PSI: 1200 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1139 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6155 Tbg setting date: 05/12/2011 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: 04/26/2011 Date of First Production this formation: 05/02/2011

Perforations Top: 5034 Bottom: 7105 No. Holes: 187 Hole size: 0.34

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

Treated with: 278500 lbs CRC sand, 1264867 lbs white sand & 66003 bbls slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/18/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 1644 Bbls H2O: 16

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 1644 Bbls H2O: 16 GOR: 18266

Test Method: flowing Casing PSI: 1300 Tubing PSI: 1200 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1139 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6155 Tbg setting date: 05/12/2011 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 Pobuda

Title: 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

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

Total: 0 comment(s)