

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:

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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.

1. OGCC Operator Number: <u>10071</u>	4. Contact Name: <u>Brady Riley</u>
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 312-8115</u>
3. Address: <u>1099 18TH ST STE 2300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-19804-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>GGU Federal</u>	Well Number: <u>31B-29-691</u>
8. Location: QtrQtr: <u>NWNE</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: MESAVERDE			Status: PRODUCING		
Treatment Date: 04/27/2011		Date of First Production this formation: 05/07/2011			
Perforations	Top: 5021	Bottom: 7100	No. Holes: 172	Hole size: 0.3	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
1,136,732 lbs White Sand, 136,800 lbs CRC Sand, 60,317 Slickwater					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
Date: 05/18/2011	Hours: 24	Bbls oil: 0	Mcf Gas: 27	Bbls H2O: 0	
Calculated 24 hour rate:		Bbls oil: 0	Mcf Gas: 27	Bbls H2O: 0	GOR:
Test Method: flowing		Casing PSI: 1300	Tubing PSI: 1120	Choke Size: 24/64	
Gas Disposition:		Gas Type:	BTU Gas: 1166	API Gravity Oil: 52	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 6125	Tbg setting date: 05/10/2011		Packer Depth:	
Reason for Non-Production:					
Date formation Abandoned:		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt		
Bridge Plug Depth:		Sacks cement on top:			

FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/27/2011</u>		Date of First Production this formation: <u>05/07/2011</u>	
Perforations	Top: <u>7160</u>	Bottom: <u>7234</u>	No. Holes: <u>14</u>
		Hole size: <u>0.3</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Treated with Mesaverde. See Mesaverde Treatment Summary.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>05/18/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>2</u>
		Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>2</u>	Bbls H2O: <u>0</u>
		GOR: <u></u>	
Test Method: <u>flowing</u>	Casing PSI: <u>1300</u>	Tubing PSI: <u>1120</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1166</u>	API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6125</u>	Tbg setting date: <u>05/10/2011</u>	Packer Depth: <u></u>
Reason for Non-Production:			
<u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

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**

User Group	Comment	Comment Date

Total: 0 comment(s)