

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:

400173354

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

5. API Number 05-045-18659-00	6. County: GARFIELD
7. Well Name: MILLER FEDERAL	Well Number: 24C-31-691
8. Location: QtrQtr: NWSE Section: 6 Township: 7S Range: 91W Meridian: 6	
9. Field Name: MAMM CREEK	Field Code: 52500

### Completed Interval

FORMATION: MESAVERDEStatus: PRODUCINGTreatment Date: 05/10/2011Date of First Production this formation: 05/15/2011Perforations Top: 4907 Bottom: 7134 No. Holes: 192 Hole size: 0.3

Provide a brief summary of the formation treatment:

Open Hole: ☐153,100 lbs CRC Sand, 1,357,207 lbs White Sand, 72,065 BBLS SlickwaterThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 06/07/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 199 Bbls H2O: 162Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 199 Bbls H2O: 162 GOR: 22111Test Method: flowing Casing PSI: 1200 Tubing PSI: 1100 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1087 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6076 Tbg setting date: 05/24/2011 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: ROLLINSStatus: PRODUCINGTreatment Date: 05/10/2011Date of First Production this formation: 05/15/2011Perforations Top: 7165 Bottom: 7252 No. Holes: 12 Hole size: 0.3

Provide a brief summary of the formation treatment:

Open Hole: ☐Treated with Mesaverde. See Mesaverde Treatment Summary.This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 06/07/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 11 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 11 Bbls H2O: 0 GOR: \_\_\_\_\_Test Method: flowing Casing PSI: 1200 Tubing PSI: 1100 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1087 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6076 Tbg setting date: 05/24/2011 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

Total: 0 comment(s)