

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:
400179448

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 05-045-19803-00
6. County: GARFIELD
7. Well Name: GGU Federal
Well Number: 42D-29-691
8. Location: QtrQtr: NENE Section: 29 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 05/21/2011 Date of First Production this formation: 06/04/2011

Perforations Top: 7103 Bottom: 7208 No. Holes: 28 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: 06/10/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 54 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 54 Bbls H2O: 0 GOR: _____

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 1020 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5850 Tbg setting date: 06/09/2011 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: 05/21/2011 Date of First Production this formation: 06/04/2011

Perforations Top: 4495 Bottom: 7058 No. Holes: 200 Hole size: 0.34

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

152,800 lbs CRC Sand, 1,396,265 lbs White Sand, 73,817 BBLS Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/10/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 1019 Bbls H2O: 79

Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 1019 Bbls H2O: 79 GOR: 16983

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 1020 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5850 Tbg setting date: 06/09/2011 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 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

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

Total: 0 comment(s)