


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">1634898</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>10071</u>		4. Contact Name: <u>TRACEY FALLANG</u>					
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>		Phone: <u>(303) 312-8134</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>							
5. API Number <u>05-033-06131-00</u>		6. County: <u>DOLORES</u>					
7. Well Name: <u>NARRAGUINNEP STATE</u>		Well Number: <u>1</u>					
8. Location: QtrQtr: <u>SENE</u> Section: <u>36</u> Township: <u>40N</u> Range: <u>16W</u> Meridian: <u>N</u>							
9. Field Name: <u>WILDCAT</u>		Field Code: <u>99999</u>					
<u>Completed Interval</u>							
FORMATION: <u>GOTHIC SHALE</u>		Status: <u>ABANDONED COMPLETION</u>					
Treatment Date: <u>07/13/2009</u>		Date of First Production this formation: <u>07/13/2009</u>					
Perforations Top: <u>5805</u> Bottom: <u>5896</u>		No. Holes: <u>30</u> Hole size: <u>34/100</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
2000 GAL 7.5% HCL ACID 426,104 GAL SAND LADEN FLUID (FRESHWATER W/FR AND GAS PERM); 115,900 LB 40/70 & 84,300 LB 20/40 BASE							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>07/13/2009</u> Hours: <u>24</u>		Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>27000</u>					
Calculated 24 hour rate:		Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u>27000</u> GOR: <u> </u>					
Test Method: <u>CASING</u>		Casing PSI: <u>2900</u> Tubing PSI: <u> </u> Choke Size: <u>16/64</u>					
Gas Disposition: <u> </u>		Gas Type: <u> </u> BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>					
Tubing Size: <u> </u>		Tubing Setting Depth: <u> </u> Tbg setting date: <u> </u> Packer Depth: <u> </u>					
Reason for Non-Production:							
FORMATION NOT PRODUCTIVE							
Date formation Abandoned: <u>09/01/2009</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt <u> </u>					
Bridge Plug Depth: <u>5780</u>		Sacks cement on top: <u>2</u>					
Comment:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: TRACEY FALLANG

Title: PERMIT ANALYST Date: 3/29/2011 Email TFALLANG@BILLBARRETTCORP.COM
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Attachment Check List

Att Doc Num	Name
1634898	FORM 5A SUBMITTED
1634899	WELLBORE DIAGRAM
1634900	OPERATIONS SUMMARY
1634901	WIRELINER JOB SUMMARY
1634902	OTHER

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)