

**FORM  
5A**Rev  
02/08State 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:

400157725

**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: 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 05-045-19427-00 6. County: GARFIELD  
7. Well Name: GGU MILLER Well Number: 24D-32-691  
8. Location: QtrQtr: SESW Section: 32 Township: 6S Range: 91W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed IntervalFORMATION: COZZETTE Status: PRODUCING

Treatment Date: 03/24/2011 Date of First Production this formation: 04/03/2011  
Perforations Top: 7506 Bottom: 7572 No. Holes: 8 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: ☐Treated with the Williams Fork formation. Please see Williams Fork treatment summary.This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: 04/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 72  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 72 GOR: 0  
Test Method: flowing Casing PSI: 1400 Tubing PSI: 1070 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1151 API Gravity Oil: 54  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6242 Tbg setting date: 04/07/2011 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: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>03/24/2011</u>		Date of First Production this formation: <u>04/03/2011</u>			
Perforations	Top: <u>7706</u>	Bottom: <u>7777</u>	No. Holes: <u>14</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">             treated with the Williams Fork. See Williams Fork treatment summary.           </div>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>04/20/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>52</u>	Bbls H2O: <u>72</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>52</u>	Bbls H2O: <u>72</u>	GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1400</u>	Tubing PSI: <u>1070</u>	Choke Size: <u>24/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1151</u>	API Gravity Oil: <u>54</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6242</u>	Tbg setting date: <u>04/07/2011</u>	Packer Depth: _____		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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>03/27/2011</u>		Date of First Production this formation: <u>04/03/2011</u>			
Perforations	Top: <u>6870</u>	Bottom: <u>6980</u>	No. Holes: <u>16</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">             treated with the Williams Fork. See Williams Fork treatment summary.           </div>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>04/20/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>52</u>	Bbls H2O: <u>72</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>52</u>	Bbls H2O: <u>72</u>	GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1400</u>	Tubing PSI: <u>1070</u>	Choke Size: <u>24/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1151</u>	API Gravity Oil: <u>54</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6242</u>	Tbg setting date: <u>04/07/2011</u>	Packer Depth: _____		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: WILLIAMS FORK Status: PRODUCING

Treatment Date: 03/27/2011 Date of First Production this formation: 04/03/2011

Perforations Top: 4724 Bottom: 6849 No. Holes: 136 Hole size: 0.34

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

Treated with: 1,245,796 lbs 20/40 White Sand, 132,800 lbs 20/40 CRC, 64,118 Bbls slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: 04/20/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 876 Bbls H2O: 184

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 876 Bbls H2O: 184 GOR: 15214

Test Method: flowing Casing PSI: 1400 Tubing PSI: 1070 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1151 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6242 Tbg setting date: 04/07/2011 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: 4/25/2011 Email briley@billbarrettcorp.com

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**Attachment Check List**

Att Doc Num	Name
400157725	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
_____	_____	_____

Total: 0 comment(s)