

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: 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 05-045-18666-00
6. County: GARFIELD
7. Well Name: MILLER Well Number: 33C-6-791
8. Location: QtrQtr: NWSE Section: 6 Township: 7S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/04/2011</u>		Date of First Production this formation: <u>06/14/2011</u>	
Perforations	Top: <u>6795</u>	Bottom: <u>6892</u>	No. Holes: <u>10</u> Hole size: <u>2 + 7/8</u>
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>	
<div>Treated with Williams Fork. See Williams Fork Treatment Summary.</div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>06/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>22</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>22</u> Bbls H2O: <u>0</u> GOR: <u> </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1700</u>	Tubing PSI: <u>1250</u>	Choke Size: <u>24</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1178</u>	API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5757</u>	Tbg setting date: <u>06/16/2011</u>	Packer Depth: <u> </u>
Reason for Non-Production: <div></div>			
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>	

FORMATION: <u>WILLIAMS FORK</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>06/04/2011</u>		Date of First Production this formation: <u>06/14/2011</u>			
Perforations	Top: <u>4607</u>	Bottom: <u>6762</u>	No. Holes: <u>204</u>	Hole size: <u>2 + 7/8</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input checked="" type="checkbox"/>		
<u>1,397,461 lbs White Sand, 155,600 CRC Sand, 73,792 BBLS Slurry</u>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>06/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>8</u>	Mcf Gas: <u>409</u>	Bbls H2O: <u>45</u>	
Calculated 24 hour rate:		Bbls oil: <u>8</u>	Mcf Gas: <u>409</u>	Bbls H2O: <u>45</u>	GOR: <u>51125</u>
Test Method: <u>Flowing</u>		Casing PSI: <u>1700</u>	Tubing PSI: <u>1250</u>	Choke Size: <u>24</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1178</u>	API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5757</u>	Tbg setting date: <u>06/16/2011</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

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

Total: 0 comment(s)