

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



DE ET OE ES

Document Number:
400168599

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 05-045-19801-00
6. County: GARFIELD
7. Well Name: GGU Swanson
Well Number: 32D-29-691
8. Location: QtrQtr: NWNE Section: 29 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 04/26/2011 Date of First Production this formation: 04/20/2011
Perforations Top: 7127 Bottom: 7213 No. Holes: 14 Hole size: 2 + 7/8

Provide a brief summary of the formation treatment: _____ Open Hole:
Treated with the Williams Fork Formation. See Williams Fork Treatment Summary.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 61 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 61 Bbls H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 1200 Tubing PSI: 900 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1133 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6119 Tbg setting date: 05/11/2011 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: 04/26/2011 Date of First Production this formation: 04/30/2011
Perforations Top: 5009 Bottom: 7084 No. Holes: 194 Hole size: 2 + 7/8

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

Treatment summary: 1,254,418 lbs 20/40 Sand, 138,800 lbs CRC Sand, 65,339 bbls slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/18/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 1156 Bbls H2O: 16

Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 1156 Bbls H2O: 16 GOR: 19266

Test Method: flowing Casing PSI: 1200 Tubing PSI: 900 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1133 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6119 Tbg setting date: 05/11/2011 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: 5/25/2011 Email briley@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400168599	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)