

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:
400167194

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: Mary Pobuda
Phone: (303) 312-8511
Fax: (303) 291-0420

5. API Number 05-045-18664-00
6. County: GARFIELD
7. Well Name: MILLER
Well Number: 33A-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: ROLLINS Status: PRODUCING

Treatment Date: 04/03/2011 Date of First Production this formation: 04/14/2011

Perforations Top: 6912 Bottom: 7004 No. Holes: 16 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: 04/25/2001 Hours: 24 Bbls oil: 0 Mcf Gas: 78 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 78 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 950 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1163 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5863 Tbg setting date: 04/14/2011 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: 04/03/2011 Date of First Production this formation: 04/14/2011
Perforations Top: 4723 Bottom: 6886 No. Holes: 192 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:
Treated with: 1332285 lbs 20/40 White Sand, 147400 lbs 20/40 CRC, 68397 bbls slick water

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/25/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 1483 Bbls H2O: 356
Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 1483 Bbls H2O: 356 GOR: 59320
Test Method: Flowing Casing PSI: 1500 Tubing PSI: 950 Choke Size: 24/26
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1163 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5863 Tbg setting date: 04/14/2011 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: Mary Pobuda
Title: Permit Analyst Date: 5/23/2011 Email mpobuda@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400167194	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)