

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:

400163582

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 05-045-18662-00 6. County: GARFIELD
7. Well Name: MILLER FEDERAL Well Number: 23C-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>04/03/2011</u>		Date of First Production this formation: <u>04/14/2011</u>	
Perforations	Top: <u>6959</u> Bottom: <u>7048</u>	No. Holes: <u>18</u>	Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Treated with the Williams Fork formation. 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>04/25/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>66</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>66</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1500</u>	Tubing PSI: <u>875</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1134</u>	API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5872</u>	Tbg setting date: <u>04/16/2011</u>	Packer Depth: _____
Reason for Non-Production: <div></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: 04/03/2011 Date of First Production this formation: 04/14/2011

Perforations Top: 4703 Bottom: 6934 No. Holes: 178 Hole size: 0.34

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

Treated with: 143,200 lbs 20/40 CRC Sand, 1,236,793 lbs 20/40 White Sand, 63,721 bbls slickwater

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

Test Information:

Date: 04/25/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 1252 Bbls H2O: 23

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 1252 Bbls H2O: 23 GOR: 62600

Test Method: flowing Casing PSI: 1500 Tubing PSI: 875 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1134 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5872 Tbg setting date: 04/16/2011 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: 5/11/2011 Email briley@billbarrettcorp.com

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Attachment Check List

Att Doc Num	Name
400163582	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)