

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:  
400168757

### 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 05-045-19423-00  
6. County: GARFIELD  
7. Well Name: GGU MILLER FED  
Well Number: 33C-32-691  
8. Location: QtrQtr: SESW Section: 32 Township: 6S Range: 91W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

#### Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 04/13/2011 Date of First Production this formation: 04/29/2011  
Perforations Top: 7176 Bottom: 7290 No. Holes: 16 Hole size: 0.34

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

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 05/10/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 51 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 51 Bbls H2O: 0 GOR: 0  
Test Method: flowing Casing PSI: 1000 Tubing PSI: 800 Choke Size: 24  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1097 API Gravity Oil: 52  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6151 Tbg setting date: 05/04/2011 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: 04/13/2011 Date of First Production this formation: 04/29/2011

Perforations Top: 4985 Bottom: 7151 No. Holes: 164 Hole size: 0.34

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Treated with: 130400 lbs CRC sand, 1161176 lbs white sand & 61724 bbls slickwater

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/10/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 964 Bbls H2O: 93

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 964 Bbls H2O: 93 GOR: 53556

Test Method: flowing Casing PSI: 1000 Tubing PSI: 800 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1097 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6151 Tbg setting date: 05/04/2011 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: 5/25/2011 Email mpobuda@billbarrettcorp.com

**Attachment Check List**

Att Doc Num	Name
400168757	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)