

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

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.

Document Number:

400193634

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 05-045-19530-00

6. County: GARFIELD

7. Well Name: GGU LINKENHOKER

Well Number: 23A-31-691

8. Location: QtrQtr: NESW Section: 31 Township: 6S Range: 91W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINSStatus: PRODUCINGTreatment Date: 06/29/2011Date of First Production this formation: 07/04/2011Perforations Top: 6761 Bottom: 6826 No. Holes: 8 Hole size: 2 + 7/8

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: 08/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 55 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 55 Bbls H2O: 0 GOR: Test Method: Flowing Casing PSI: 1150 Tubing PSI: 950 Choke Size: 24Gas Disposition: SOLD Gas Type: WET BTU Gas: 1130 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 5448 Tbg setting date: 07/29/2011 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 FORKStatus: PRODUCINGTreatment Date: 04/19/2011Date of First Production this formation: 07/04/2011Perforations Top: 4070 Bottom: 6710 No. Holes: 226 Hole size: 2 + 7/8

Provide a brief summary of the formation treatment:

Open Hole: ☐1,649,486 lbs White Sand, 183,400 lbs CRC Sand, 85,993 BBLs Slickwater.This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 08/02/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 1035 Bbls H2O: 356Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 1035 Bbls H2O: 356 GOR: 51750Test Method: Flowing Casing PSI: 1150 Tubing PSI: 950 Choke Size: 24Gas Disposition: SOLD Gas Type: WET BTU Gas: 1130 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 5448 Tbg setting date: 07/29/2011 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 RileyTitle: 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

User Group	Comment	Comment Date

Total: 0 comment(s)