

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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COMPLETED INTERVAL REPORT

Document Number:
400197086

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: <u>10071</u>	4. Contact Name: <u>Brady Riley</u>
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 312-8115</u>
3. Address: <u>1099 18TH ST STE 2300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-19513-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>MILLER</u>	Well Number: <u>14A-31-691</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>31</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 06/29/2011 Date of First Production this formation: 07/05/2011

Perforations Top: 7017 Bottom: 7108 No. Holes: 10 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: 08/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 43 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 43 Bbls H2O: 0 GOR: _____

Test Method: Flowing Casing PSI: 900 Tubing PSI: 650 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1085 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4644 Tbg setting date: 08/10/2011 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: 06/29/2011 Date of First Production this formation: 07/05/2011

Perforations Top: 4675 Bottom: 6984 No. Holes: 198 Hole size: 0.34

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

1,366,648 lbs White Sand, 152,000 lbs CRC Sand, 71,730 BBLS Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/15/2011 Hours: 24 Bbls oil: 17 Mcf Gas: 821 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 17 Mcf Gas: 821 Bbls H2O: 0 GOR: 48294

Test Method: Flowing Casing PSI: 900 Tubing PSI: 650 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1085 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4644 Tbg setting date: 08/10/2011 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: 8/17/2011 briley@billbarrettcorp.com

Email
:

Attachment Check List

Att Doc Num	Name
400197086	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)