

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

Document Number:

2609468

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>ELAINE WINICK</u>
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 293-9100</u>
3. Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>(303) 291-0420</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-16867-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>JCJ</u>	Well Number: <u>21D-21-692</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>21</u> Township: <u>6S</u> Range: <u>92W</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: 03/13/2009 Date of First Production this formation: 03/30/2009

Perforations Top: 7770 Bottom: 7772 No. Holes: 4 Hole size: 30/100

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

30738 LBS 20-40 SAND, 3523 LBS OPTIPROP 20-40, 1597 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: 24 Bbls oil: 0 Mcf Gas: 62 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 62 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1760 Tubing PSI: 1450 Choke Size: 18

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6761 Tbg setting date: 03/30/2009 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: _____ Date of First Production this formation: 03/30/2009

Perforations Top: 5746 Bottom: 7667 No. Holes: 178 Hole size: 30/100

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

1326562 LBS 20-40 SAND, 19377 LBS OPTIPROP 20-40, 67006 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/08/2009 Hours: 24 Bbls oil: 3 Mcf Gas: 1171 Bbls H2O: 79

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 1171 Bbls H2O: 79 GOR: 34441

Test Method: FLOWING Casing PSI: 1760 Tubing PSI: 1450 Choke Size: 18

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6761 Tbg setting date: 03/30/2009 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: Y Print Name: MATT BARBER

Title: PERMIT ANALYST Date: 10/30/2009 MBARBER@BILLBARRETTCORP.COM

Email
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	APPROVED AS PART OF OLD FORM 5 CLEANUP DOC #2609468. FOUND COMPLETE WELL FILE. SUBMITTED FOR PRIORITY SCANNING.	8/23/2011 3:58:35 PM

Total: 1 comment(s)