



### Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/15/2011</u>	Date of First Production this formation: <u>07/21/2011</u>
Perforations Top: <u>7289</u> Bottom: <u>7372</u>	No. Holes: <u>6</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Treated with Williams Fork. See Williams Fork Treatment Summary.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>08/17/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>70</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>70</u> Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>Flowing</u> Casing PSI: <u>1340</u> Tubing PSI: <u>1300</u> Choke Size: <u>24</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1129</u> API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6136</u> Tbg setting date: <u>08/09/2011</u> Packer Depth: _____	
Reason for Non-Production: _____	
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: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/15/2011</u>	Date of First Production this formation: <u>07/21/2011</u>
Perforations Top: <u>4884</u> Bottom: <u>7257</u>	No. Holes: <u>218</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>1,379,975 lbs White Sand, 294,900 lbs CRC Sand, 71,833 BBLS Slickwater</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>08/17/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1337</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>1337</u> Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>Flowing</u> Casing PSI: <u>1340</u> Tubing PSI: <u>1300</u> Choke Size: <u>24</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1129</u> API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6136</u> Tbg setting date: <u>08/09/2011</u> Packer Depth: _____	
Reason for Non-Production: _____	
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: _____	

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: \_\_\_\_\_ 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**

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

Total: 0 comment(s)