

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:  
400199596

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>05-045-19580-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>GGU DALEY</u>	Well Number: <u>31D-30-691</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>19</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: 07/14/2011 Date of First Production this formation: 07/25/2011

Perforations Top: 7211 Bottom: 7294 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: 08/17/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 54 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 54 Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 1100 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1142 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6268 Tbg setting date: 08/13/2011 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: 07/14/2011 Date of First Production this formation: 07/25/2011

Perforations Top: 5252 Bottom: 7180 No. Holes: 198 Hole size: 0.34

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

1,131,452 lbs White Sand, 120,681 lbs CRC Sand, 59,172 BBLs Slickwater

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 08/17/2011 Hours: 24 Bbls oil: 17 Mcf Gas: 1021 Bbls H2O: 96

Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 1021 Bbls H2O: 96 GOR: 60059

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 1100 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1142 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6268 Tbg setting date: 08/13/2011 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: \_\_\_\_\_ 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**

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

Total: 0 comment(s)