



### Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 07/15/2011 Date of First Production this formation: 07/25/2011

Perforations Top: 7215 Bottom: 7299 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: 49 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 49 Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 1050 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1149 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6717 Tbg setting date: 08/12/2011 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: 07/15/2011 Date of First Production this formation: 07/25/2011

Perforations Top: 5025 Bottom: 7188 No. Holes: 198 Hole size: 0.34

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

1,238,200 lbs White Sand, 136,600 lbs CRC Sand, 64,469 BBLS Slickwater

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 08/17/2011 Hours: 24 Bbls oil: 38 Mcf Gas: 926 Bbls H2O: 254

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 38 Mcf Gas: 926 Bbls H2O: 254 GOR: 24368

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 1050 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1149 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6171 Tbg setting date: 08/12/2011 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**

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

Total: 0 comment(s)