

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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Document Number:

400206987

COMPLETED INTERVAL REPORT

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>05-045-19578-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>GGU DALEY</u>	Well Number: <u>21D-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: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/19/2011</u>	Date of First Production this formation: <u>08/26/2011</u>
Perforations Top: <u>7006</u> Bottom: <u>7100</u>	No. Holes: <u>14</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<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	
Test Information:	
Date: <u>09/13/2011</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>87</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>87</u> Bbls H2O: <u>0</u> GOR: <u> </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1450</u> Tubing PSI: <u>1270</u> Choke Size: <u>24</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1164</u> API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5850</u>	Tbg setting date: <u>09/06/2011</u> Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>	
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>	

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/19/2011</u>	Date of First Production this formation: <u>08/26/2011</u>
Perforations Top: <u>4582</u> Bottom: <u>6978</u>	No. Holes: <u>212</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>1,420,545 lbs White Sand, 157,000 lbs CRC Sand, 171,504 BBLS Slickwater</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>09/13/2011</u> Hours: <u>24</u>	Bbls oil: <u>23</u> Mcf Gas: <u>1661</u> Bbls H2O: <u>278</u>
Calculated 24 hour rate:	Bbls oil: <u>23</u> Mcf Gas: <u>1661</u> Bbls H2O: <u>278</u> GOR: <u>72217</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1450</u> Tubing PSI: <u>1270</u> Choke Size: <u>24</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1164</u> API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5850</u>	Tbg setting date: <u>09/06/2011</u> Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>	
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>	

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

User Group **Comment** **Comment Date**

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Total: 0 comment(s)