

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 08/19/2011 Date of First Production this formation: 09/01/2011

Perforations Top: 6995 Bottom: 7108 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: 09/13/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 74 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 74 Bbls H2O: 0 GOR: _____

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 1250 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1170 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5861 Tbg setting date: 09/07/2011 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: 08/19/2011 Date of First Production this formation: 09/01/2011

Perforations Top: 4593 Bottom: 6956 No. Holes: 190 Hole size: 0.34

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

1,397,828 lbs White Sand, 154,800 lbs CRC Sand, 73,423 BBLs Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/13/2011 Hours: 24 Bbls oil: 23 Mcf Gas: 1404 Bbls H2O: 278

Calculated 24 hour rate: _____ Bbls oil: 23 Mcf Gas: 1404 Bbls H2O: 279 GOR: 61043

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 1250 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1170 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5861 Tbg setting date: 09/07/2011 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)