

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
----	----	----	----

Document Number:

400212168

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: 10071

4. Contact Name: Brady Riley

2. Name of Operator: BARRETT CORPORATION\* BILL

Phone: (303) 312-8115

3. Address: 1099 18TH ST STE 2300

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19585-00

6. County: GARFIELD

7. Well Name: GGU DALEY

Well Number: 24C-19-691

8. Location: QtrQtr: SESW Section: 19

Township: 6S

Range: 91W

Meridian: 6

9. Field Name: MAMM CREEK

Field Code: 52500

### Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 09/14/2011 Date of First Production this formation: 09/28/2011

Perforations Top: 7052 Bottom: 7121 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: 10/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 91 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 91 Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: 1250 Tubing PSI: 900 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5860 Tbg setting date: 10/07/2011 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: 09/14/2011 Date of First Production this formation: 09/28/2011

Perforations Top: 4609 Bottom: 7012 No. Holes: 214 Hole size: 0.34

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

1,459,653 lbs White Sand, 161,800 lbs CRC Sand, 76,971 BBLS Slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

#### Test Information:

Date: 10/11/2011 Hours: 24 Bbls oil: 23 Mcf Gas: 1719 Bbls H2O: 165

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 23 Mcf Gas: 1719 Bbls H2O: 165 GOR: 74739

Test Method: Flowing Casing PSI: 1250 Tubing PSI: 900 Choke Size: 24/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5860 Tbg setting date: 10/07/2011 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: 10/18/2011 briley@billbarrettcorp.com

Email  
:

### **Attachment Check List**

Att Doc Num	Name
400212168	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)