

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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COMPLETED INTERVAL REPORT

Document Number:  
400211154

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  
2. Name of Operator: BARRETT CORPORATION\* BILL  
3. Address: 1099 18TH ST STE 2300  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Brady Riley  
Phone: (303) 312-8115  
Fax: \_\_\_\_\_

5. API Number 05-045-19588-00  
6. County: GARFIELD  
7. Well Name: GGU DALEY  
Well Number: 14B-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: 09/18/2011

Perforations Top: 7337 Bottom: 7468 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: 38 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 38 Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: 275 Tubing PSI: \_\_\_\_\_ Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1078 API Gravity Oil: 52

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: 09/18/2011

Perforations Top: 6857 Bottom: 7312 No. Holes: 44 Hole size: 0.34

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

322,748 lbs White Sand, 35,800 lbs CRC Sand, 17,312 BBLS Slickwater

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 10/11/2011 Hours: 24 Bbls oil: 23 Mcf Gas: 728 Bbls H2O: 165

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 23 Mcf Gas: 728 Bbls H2O: 165 GOR: 23484

Test Method: Flowing Casing PSI: 275 Tubing PSI: \_\_\_\_\_ Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1078 API Gravity Oil: 52

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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: \_\_\_\_\_

Tubing has not been set.

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)