

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:

2072820

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: MATT BARBER

2. Name of Operator: BARRETT CORPORATION\* BILL

Phone: (303) 312-8168

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-045-17751-00

6. County: GARFIELD

7. Well Name: GGU JOLLEY FEDERAL

Well Number: 21B-28-691

8. Location: QtrQtr: SWSW Section: 21

Township: 6S

Range: 91W

Meridian: 6

9. Field Name: MAMM CREEK

Field Code: 52500

### Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 06/26/2009 Date of First Production this formation: 07/11/2009  
Perforations Top: 7807 Bottom: 7874 No. Holes: 20 Hole size: 30/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

41900 LBS 20-40 SAND, 39000 LBS SAND 30-50, 9100 LBS SLC 20-40, 4434 BBLS SLICKWATER

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

#### Test Information:

Date: 08/05/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 82 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 82 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 1125 Tubing PSI: 900 Choke Size: 24/100  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7916 Tbg setting date: 07/18/2009 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: 07/10/2009 Date of First Production this formation: 07/11/2009  
Perforations Top: 5441 Bottom: 7753 No. Holes: 196 Hole size: 30/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

897900 LBS 20-40 SAND, 55000 LBS SAND 30-50, 113100 LBS SLC 20-40, 50222 BBLS SLICKWATER

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

#### Test Information:

Date: 08/05/2009 Hours: 24 Bbls oil: 10 Mcf Gas: 1565 Bbls H2O: 108  
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 1565 Bbls H2O: 108 GOR: 15972  
Test Method: FLOWING Casing PSI: 1125 Tubing PSI: 900 Choke Size: 24/100  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7916 Tbg setting date: 07/18/2009 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: MATT BARBER

Title: PERMIT ANALYST Date: 11/13/2009 MBARBER@BILLBARRETTCORP.COM

Email  
:

### **Attachment Check List**

Att Doc Num	Name
2072820	FORM 5A SUBMITTED
2072821	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)