

**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:

2072820

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>MATT BARBER</u>
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 312-8168</u>
3. Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>(303) 291-0420</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-17751-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>GGU JOLLEY FEDERAL</u>	Well Number: <u>21B-28-691</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>21</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: 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

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

Total: 0 comment(s)