

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:

400227192

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
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 05-045-19681-00
6. County: GARFIELD
7. Well Name: Jolley Well Number: 42C-20-691
8. Location: QtrQtr: SWNE Section: 20 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINSStatus: PRODUCINGTreatment Date: 10/14/2011Date of First Production this formation: 10/19/2011Perforations Top: 7643 Bottom: 7736 No. Holes: 30 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: 11/22/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 24 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 24 Bbls H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 700 Tubing PSI: 425 Choke Size: 30/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1097 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6470 Tbg setting date: 10/27/2011 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 FORKStatus: PRODUCINGTreatment Date: 10/14/2011Date of First Production this formation: 10/19/2011Perforations Top: 5231 Bottom: 7577 No. Holes: 197 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐

1,131,746 lbs 20/40 White Sand, 141,765 CRC Sand, 61,120 BBLS Slurry

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 11/22/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 458 Bbls H2O: 125Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 458 Bbls H2O: 125 GOR: 25444Test Method: Flowing Casing PSI: 700 Tubing PSI: 425 Choke Size: 30/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1097 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6470 Tbg setting date: 10/27/2011 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 RileyTitle: 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

| User Group | Comment | Comment Date |
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Total: 0 comment(s)