

**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

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.

Document Number:

400228111

1. OGCC Operator Number: <u>10071</u>	4. Contact Name: <u>Brady Riley</u>
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 312-8115</u>
3. Address: <u>1099 18TH ST STE 2300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-19649-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>KAUFMAN</u>	Well Number: <u>23C-24-692</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>24</u> Township: <u>6S</u> Range: <u>92W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

Completed Interval

FORMATION: ROLLINSStatus: PRODUCINGTreatment Date: 10/25/2011Date of First Production this formation: 11/05/2011Perforations Top: 7343 Bottom: 7426 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: 11/17/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 66 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 66 Bbls H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 1300 Tubing PSI: 1090 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1143 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6198 Tbg setting date: 11/11/2011 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: 10/25/2011Date of First Production this formation: 11/05/2011Perforations Top: 4973 Bottom: 7308 No. Holes: 194 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐1,257,562 lbs 20/40 White Sand, 138,800 lbs CRC Sand, 67,299 BBLS SlurryThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 11/17/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 1246 Bbls H2O: 557Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 1246 Bbls H2O: 557 GOR: 49840Test Method: Flowing Casing PSI: 1300 Tubing PSI: 1090 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1143 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6198 Tbg setting date: 11/11/2011 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)