

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 2072832

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: MATT BARBER
Phone: (303) 312-8168
Fax: (303) 291-0420

5. API Number 05-045-17551-00
6. County: GARFIELD
7. Well Name: GGU JOLLEY FEDERAL
Well Number: 21D-21-691
8. Location: QtrQtr: NENW Section: 21 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 08/12/2009 Date of First Production this formation: 08/21/2009
Perforations Top: 5008 Bottom: 7596 No. Holes: 230 Hole size: 30/100
Provide a brief summary of the formation treatment: Open Hole: []
1111500 LBS 20-40 SAND, 267400 LBS SAND 30-50, 158400 LBS SLC 20-40, 74432 BBLs SLICKWATER
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: 09/03/2009 Hours: 24 Bbls oil: 52 Mcf Gas: 1177 Bbls H2O: 38
Calculated 24 hour rate: Bbls oil: 52 Mcf Gas: 1177 Bbls H2O: 38 GOR: 22712
Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 650 Choke Size: 24
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5812 Tbg setting date: 08/18/2009 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: 11/19/2009 Email: MBARBER@BILLBARRETTCORP.COM

Attachment Check List

Att Doc Num	Name
2072831	WELLBORE DIAGRAM
2072832	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--removed Rollins fm. tab at oper.'s request; submitted in error.	12/6/2011 12:38:45 PM
Permit	on hold--need clarification from oper. reporting prod. in Rollins (not permitted for ILES)but perms (5008-7596) are above reported top of Rollins on WBD (7630).	11/28/2011 8:09:29 AM

Total: 2 comment(s)