

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:

400234206

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>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>05-045-19646-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>KAUFMAN</u>	Well Number: <u>23B-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: ROLLINS Status: PRODUCING

Treatment Date: 09/19/2011 Date of First Production this formation: 11/30/2011

Perforations Top: 7331 Bottom: 7418 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: 12/13/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 60 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 60 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1250 Tubing PSI: 1050 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1142 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6178 Tbg setting date: 12/06/2011 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 FORK Status: PRODUCING

Treatment Date: 09/19/2011 Date of First Production this formation: 11/30/2011

Perforations Top: 4964 Bottom: 7296 No. Holes: 192 Hole size: 0.34

Provide a brief summary of the formation treatment: _____ Open Hole:

1,262,673 lbs White Sand, 141,200 lbs CRC Sand, 67,613 BBLs Slurry

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/13/2011 Hours: 24 Bbls oil: 21 Mcf Gas: 1132 Bbls H2O: 392

Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 1132 Bbls H2O: 392 GOR: 53905

Test Method: Flowing Casing PSI: 1250 Tubing PSI: 1050 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1142 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6178 Tbg setting date: 12/06/2011 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 Riley

Title: 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

Total: 0 comment(s)