

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:

400235032

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

5. API Number 05-045-19680-00	6. County: GARFIELD
7. Well Name: Federal	Well Number: 32D-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:	ROLLINS	Status:	PRODUCING						
Treatment Date:	11/07/2011	Date of First Production this formation:	11/13/2011						
Perforations	Top: 7570	Bottom: 7681	No. Holes: 27	Hole size: 0.34					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>							
Treated with Williams Fork. See Williams Fork Treatment Summary.									
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Test Information:									
Date:	12/09/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	57	Bbls H2O:	0
Calculated 24 hour rate:		Bbls oil:	0	Mcf Gas:	57	Bbls H2O:	0	GOR:	0
Test Method:	Flowing	Casing PSI:	825	Tubing PSI:	675	Choke Size:	32/64		
Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1093	API Gravity Oil:	52		
Tubing Size:	2 + 3/8	Tubing Setting Depth:	6356	Tbg setting date:	11/29/2011	Packer Depth:			
Reason for Non-Production:									
Date formation Abandoned:		Squeeze:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt					
Bridge Plug Depth:		Sacks cement on top:							

FORMATION:	WILLIAMS FORK	Status:	PRODUCING						
Treatment Date:	11/07/2011	Date of First Production this formation:	11/13/2011						
Perforations	Top: 5039	Bottom: 7524	No. Holes: 239	Hole size: 0.34					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>							
1,523,221 lbs White Sand, 169,600 lbs CRC Sand, 82,344 BBLs Slickwater									
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Test Information:									
Date:	12/09/2011	Hours:	24	Bbls oil:	30	Mcf Gas:	1088	Bbls H2O:	53
Calculated 24 hour rate:		Bbls oil:	30	Mcf Gas:	1088	Bbls H2O:	53	GOR:	36266
Test Method:	Flowing	Casing PSI:	825	Tubing PSI:	675	Choke Size:	32/64		
Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1093	API Gravity Oil:	52		
Tubing Size:	2 + 3/8	Tubing Setting Depth:	6356	Tbg setting date:	11/29/2011	Packer Depth:			
Reason for Non-Production:									
Date formation Abandoned:		Squeeze:	<input type="checkbox"/> Yes <input type="checkbox"/> 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**

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Total: 0 comment(s)