

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:
400234251

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>05-045-19648-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>KAUFMAN</u>	Well Number: <u>23D-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: 11/19/2011 Date of First Production this formation: 11/30/2011

Perforations Top: 7379 Bottom: 7474 No. Holes: 8 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: 61 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 61 Bbls H2O: 0 GOR: 0

Test Method: Flwoing Casing PSI: 1350 Tubing PSI: 1070 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1130 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6545 Tbg setting date: 12/05/2011 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: 11/19/2011 Date of First Production this formation: 11/30/2011

Perforations Top: 5611 Bottom: 7358 No. Holes: 170 Hole size: 0.34

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

1,204,237 lbs White Sand, 134,400 lbs CRC Sand, 64,013 BBLS Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/13/2011 Hours: 24 Bbls oil: 21 Mcf Gas: 1150 Bbls H2O: 392

Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 1150 Bbls H2O: 392 GOR: 54762

Test Method: Flowing Casing PSI: 1350 Tubing PSI: 1070 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1130 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6545 Tbg setting date: 12/05/2011 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: 12/20/2011 briley@billbarrettcorp.com

Email
:

Attachment Check List

Att Doc Num	Name
400234251	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--oper. will attach WBD to 5A in future.	1/20/2012 11:22:20 AM
Permit	on hold--req'd WBD	12/21/2011 10:04:55 AM

Total: 2 comment(s)