

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:

400249535

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 05-045-19910-00

6. County: GARFIELD

7. Well Name: Kaufman

Well Number: 32D-24-692

8. Location: QtrQtr: SWNE Section: 24 Township: 6S Range: 92W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

### Completed Interval

|   |   |
|---|---|
| FORMATION: <u>ROLLINS</u>   | Status: <u>PRODUCING</u>  |
| Treatment Date: <u>01/02/2012</u>   | Date of First Production this formation: <u>01/10/2012</u>              |
| Perforations Top: <u>7119</u> Bottom: <u>7232</u>   | No. Holes: <u>14</u> Hole size: <u>0.34</u>                             |
| Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>  |   |
| <u>Treated with Williams Fork. See Williams Fork Treatment Summary</u>  |   |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                |   |
| <b>Test Information:</b>  |   |
| Date: <u>01/27/2012</u> Hours: <u>24</u>  | Bbls oil: <u>0</u> Mcf Gas: <u>58</u> Bbls H2O: <u>0</u>                |
| Calculated 24 hour rate:  | Bbls oil: <u>0</u> Mcf Gas: <u>58</u> Bbls H2O: <u>0</u> GOR: <u>0</u>  |
| Test Method: <u>Flowing</u>   | Casing PSI: <u>1250</u> Tubing PSI: <u>750</u> Choke Size: <u>24/64</u> |
| Gas Disposition: <u>SOLD</u>  | Gas Type: <u>WET</u> BTU Gas: <u>1146</u> API Gravity Oil: <u>0</u>     |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6032</u>   | Tbg setting date: <u>01/23/2012</u> Packer Depth: <u></u>               |
| Reason for Non-Production: <u></u>  |   |
| Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u> |   |
| Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>   |   |

|   |   |
|---|---|
| FORMATION: <u>WILLIAMS FORK</u>   | Status: <u>PRODUCING</u>  |
| Treatment Date: <u>01/02/2012</u>   | Date of First Production this formation: <u>01/10/2012</u>                      |
| Perforations Top: <u>4824</u> Bottom: <u>7090</u>   | No. Holes: <u>172</u> Hole size: <u>0.34</u>                                    |
| Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>  |   |
| <u>1,226,436 lbs 20/40 White Sand, 136,600 lbs CRC Sand, 64,436 BBLS Slickwater</u>   |   |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                |   |
| <b>Test Information:</b>  |   |
| Date: <u>01/27/2012</u> Hours: <u>24</u>  | Bbls oil: <u>23</u> Mcf Gas: <u>1096</u> Bbls H2O: <u>154</u>                   |
| Calculated 24 hour rate:  | Bbls oil: <u>23</u> Mcf Gas: <u>1096</u> Bbls H2O: <u>154</u> GOR: <u>47652</u> |
| Test Method: <u>Flowing</u>   | Casing PSI: <u>1250</u> Tubing PSI: <u>750</u> Choke Size: <u>24/64</u>         |
| Gas Disposition: <u>SOLD</u>  | Gas Type: <u>WET</u> BTU Gas: <u>1146</u> API Gravity Oil: <u>52</u>            |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6032</u>   | Tbg setting date: <u>01/23/2012</u> Packer Depth: <u></u>                       |
| Reason for Non-Production: <u></u>  |   |
| Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u> |   |
| Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>   |   |

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             |
|-------------|------------------|
| 400249542   | WELLBORE DIAGRAM |

Total Attach: 1 Files

**General Comments**

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)