

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:

400249535

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.

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| 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> | |

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|--|--------------------------------|
| 5. API Number <u>05-045-19910-00</u> | 6. County: <u>GARFIELD</u> |
| 7. Well Name: <u>Kaufman</u> | Well Number: <u>32D-24-692</u> |
| 8. Location: QtrQtr: <u>SWNE</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: 01/02/2012 Date of First Production this formation: 01/10/2012

Perforations Top: 7119 Bottom: 7232 No. Holes: 14 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: 01/27/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 58 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 58 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1250 Tubing PSI: 750 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1146 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6032 Tbg setting date: 01/23/2012 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: 01/02/2012 Date of First Production this formation: 01/10/2012

Perforations Top: 4824 Bottom: 7090 No. Holes: 172 Hole size: 0.34

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

1,226,436 lbs 20/40 White Sand, 136,600 lbs CRC Sand, 64,436 BBLs Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/27/2012 Hours: 24 Bbls oil: 23 Mcf Gas: 1096 Bbls H2O: 154

Calculated 24 hour rate: Bbls oil: 23 Mcf Gas: 1096 Bbls H2O: 154 GOR: 47652

Test Method: Flowing Casing PSI: 1250 Tubing PSI: 750 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1146 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6032 Tbg setting date: 01/23/2012 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 |
|-------------|------------------|
| 400249542 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)