

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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Document Number:

400250066

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.

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 05-123-22288-00 6. County: WELD
7. Well Name: 70 RANCH LAURA Well Number: 24-20
8. Location: QtrQtr: SESW Section: 20 Township: 5N Range: 63W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 12/26/2011 Date of First Production this formation: 10/02/2006
Perforations Top: 6368 Bottom: 6512 No. Holes: 149 Hole size: 0.34
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 01/28/2012 Hours: 24 Bbls oil: 4 Mcf Gas: 43 Bbls H2O: 1
Calculated 24 hour rate: _____ Bbls oil: 4 Mcf Gas: 43 Bbls H2O: 1 GOR: 10750
Test Method: flowing Casing PSI: 620 Tubing PSI: 530 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 52
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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:

Refrac 5A is updated with test data

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.

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)