

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:

400252731

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

5. API Number 05-045-19517-00  
6. County: GARFIELD  
7. Well Name: GGU FEDERAL  
Well Number: 33D-20-691  
8. Location: QtrQtr: SWSE Section: 20 Township: 6S Range: 91W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

### Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/16/2012</u>	Date of First Production this formation: <u>02/02/2012</u>
Perforations Top: <u>7669</u> Bottom: <u>7811</u>	No. Holes: <u>21</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>02/13/2012</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>825</u> Tubing PSI: <u>450</u> Choke Size: <u>28/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1142</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6181</u>	Tbg setting date: <u>02/03/2012</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>01/16/2012</u>	Date of First Production this formation: <u>02/02/2012</u>
Perforations Top: <u>4563</u> Bottom: <u>7646</u>	No. Holes: <u>297</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>1,580,131 lbs 20/40 White Sand, 176,001 lbs CRC Sand, 83,456 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>02/13/2012</u> Hours: <u>24</u>	Bbls oil: <u>5</u> Mcf Gas: <u>0</u> Bbls H2O: <u>176</u>
Calculated 24 hour rate:	Bbls oil: <u>5</u> Mcf Gas: <u>0</u> Bbls H2O: <u>176</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>825</u> Tubing PSI: <u>450</u> Choke Size: <u>28/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1142</u> API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6181</u>	Tbg setting date: <u>02/03/2012</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
400252752	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)