

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:

400247306

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 05-123-32163-00 6. County: WELD  
7. Well Name: Roth Well Number: 43-30  
8. Location: QtrQtr: NESE Section: 30 Township: 5N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/03/2011 Date of First Production this formation: 12/12/2011  
Perforations Top: 6320 Bottom: 6582 No. Holes: 150 Hole size: 0.42

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

255,275 lbs 20/40 Owatta Sand, 179,185 20/40 Preferred Rock Sand, 334,905 BBLS Slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: 12/12/2011 Hours: 24 Bbls oil: 347 Mcf Gas: 145 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 347 Mcf Gas: 145 Bbls H2O: 0 GOR: 418  
Test Method: Flowing Casing PSI: 1250 Tubing PSI: 750 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1296 API Gravity Oil: 52  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6516 Tbg setting date: 12/12/2011 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: 2/2/2012 Email: briley@billbarrettcorp.com

### Attachment Check List

Att Doc Num	Name
400247306	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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