

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:

400256308

Date Received:

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: Megan Finnegan

2. Name of Operator: BARRETT CORPORATION* BILL

Phone: (303) 299-9949

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19916-00

6. County: GARFIELD

7. Well Name: Kaufman

Well Number: 21A-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>01/31/2012</u>		Date of First Production this formation: <u>02/06/2012</u>	
Perforations	Top: <u>7313</u>	Bottom: <u>7474</u>	No. Holes: <u>8</u>
		Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Treated with Williams Fork. See Williams Fork Treatment Summary.</u>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>02/27/2012</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>69</u>
		Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>69</u>	Bbls H2O: <u>0</u>
		GOR: <u>0</u>	
Test Method: <u>Flowing</u>	Casing PSI: <u>1300</u>	Tubing PSI: <u>950</u>	Choke Size: <u>24/64</u>
Gas Disposition: _____	Gas Type: _____	BTU Gas: <u>1117</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6227</u>	Tbg setting date: <u>02/18/2012</u>	Packer Depth: _____
Reason for Non-Production:			
<div></div>			
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____	Sacks cement on top: _____		

FORMATION: <u>WILLIAMS FORK</u>				Status: <u>PRODUCING</u>			
Treatment Date: <u>01/31/2012</u>		Date of First Production this formation: <u>02/06/2012</u>					
Perforations	Top: <u>4982</u>	Bottom: <u>7279</u>	No. Holes: <u>226</u>	Hole size: <u>0.34</u>			
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>				
<u>1,356,210 lbs 20/40 White Sand, 150,000 lbs CRC Sand, 71,782 BBLS Slickwater</u>							
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Test Information:							
Date: <u>02/27/2012</u>	Hours: <u>24</u>	Bbls oil: <u>31</u>	Mcf Gas: <u>1307</u>	Bbls H2O: <u>161</u>			
Calculated 24 hour rate:		Bbls oil: <u>31</u>	Mcf Gas: <u>1307</u>	Bbls H2O: <u>161</u>	GOR: <u>42161</u>		
Test Method: <u>Flowing</u>		Casing PSI: <u>1300</u>	Tubing PSI: <u>950</u>	Choke Size: <u>24/26</u>			
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1117</u>	API Gravity Oil: <u>52</u>			
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6227</u>	Tbg setting date: <u>02/18/2012</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Megan Finnegan

Title: Permit Analyst Date: mfinnegan@billbarrettcorp.com

Email
:

Attachment Check List

Att Doc Num	Name
400257722	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)