

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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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
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 05-123-26149-00
6. County: WELD
7. Well Name: WINDER
Well Number: 11-15
8. Location: QtrQtr: NWNW Section: 15 Township: 6N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/20/2012</u>	Date of First Production this formation: <u>10/02/2007</u>
Perforations Top: <u>7050</u> Bottom: <u>7380</u>	No. Holes: <u>140</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Refrac'd with: <u>2000 gals of 15% HCl; 3915.2 bbls 3% KCl Water; 232,172 lbs. White Sand 20/40</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>3</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>3</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>flowing</u>	Casing PSI: <u>600</u> Tubing PSI: <u>490</u> Choke Size: <u>64/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>1</u> API Gravity Oil: <u>52</u>
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
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:

This is a revised 5A; BBC re-frac'd within the existing perforations of these formations.

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

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)