

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:

400261680

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 05-045-19516-00

6. County: GARFIELD

7. Well Name: GGU FEDERAL

Well Number: 33C-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: ROLLINSStatus: PRODUCINGTreatment Date: 02/16/2012Date of First Production this formation: 02/29/2012Perforations Top: 7509 Bottom: 7666 No. Holes: 21 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐Treated with Williams Fork. See Williams Fork Treatment Summary.This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 03/13/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 63 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 63 Bbls H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 750 Tubing PSI: 300 Choke Size: 48/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1152 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 5997 Tbg setting date: 03/03/2012 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: _____

FORMATION: WILLIAMS FORKStatus: PRODUCINGTreatment Date: 02/16/2012Date of First Production this formation: 02/29/2012Perforations Top: 4343 Bottom: 7447 No. Holes: 290 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐1,229,598 lbs 20/40 white sand, 141,100 CRC sand, 66,338 bbls slick water.This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 03/13/2012 Hours: 24 Bbls oil: 1 Mcf Gas: 1189 Bbls H2O: 166Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 1189 Bbls H2O: 166 GOR: 11890Test Method: Flowing Casing PSI: 750 Tubing PSI: 300 Choke Size: 48/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1152 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 5997 Tbg setting date: 03/03/2012 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: Megan Finnegan

Title: Permit Analyst

Date:

Email : mfinnegan@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400261700	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)