

**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:
400266066

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: <u>10071</u>	4. Contact Name: <u>Megan Finnegan</u>
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 299-9949</u>
3. Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>(303) 291-0420</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-20127-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CBS</u>	Well Number: <u>32D-21-692</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>21</u> Township: <u>6S</u> Range: <u>92W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 02/27/2012 Date of First Production this formation: 03/10/2012

Perforations Top: 7435 Bottom: 7571 No. Holes: 18 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: 03/22/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 60 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 60 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1000 Tubing PSI: 1350 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1116 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6520 Tbg setting date: 03/14/2012 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 FORK Status: PRODUCING

Treatment Date: 02/27/2012 Date of First Production this formation: 03/10/2012

Perforations Top: 5484 Bottom: 7401 No. Holes: 231 Hole size: 0.34

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

1,249,129 lbs 20/40 White Sand, 138,600 lbs CRC Sand, 65,323 BBLS Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/22/2012 Hours: 24 Bbls oil: 28 Mcf Gas: 1147 Bbls H2O: 26

Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 1147 Bbls H2O: 26 GOR: 40964

Test Method: Flowing Casing PSI: 1000 Tubing PSI: 1350 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1116 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6520 Tbg setting date: 03/14/2012 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: _____ mfinnegan@billbarrettcop.com

Email
:

Attachment Check List

Att Doc Num	Name
400268064	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)