

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:

400268122

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: 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 05-123-24097-00 6. County: WELD
7. Well Name: MILLER Well Number: 34-11
8. Location: QtrQtr: SWSE Section: 11 Township: 6N Range: 67W Meridian: 6
9. Field Name: SEVERANCE Field Code: 77030

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/08/2012</u>	Date of First Production this formation: <u>12/04/2006</u>
Perforations Top: <u>7224</u> Bottom: <u>7240</u>	No. Holes: <u>64</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment: <u>Codell formation re-frac'd with: 2209.0 bbls 2% KCl Water; 144,860 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>03/16/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>2</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>2</u> Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>flowing</u> Casing PSI: <u>740</u> Tubing PSI: <u>740</u> Choke Size: <u>64/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>52</u> API Gravity Oil: <u>1</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7191</u> Tbg setting date: <u>03/10/2012</u> 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 the Codell formation within the existing perforations of these formation.

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
400268129	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)