

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400273489

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: Julie Webb
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8714
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17551-00 6. County: GARFIELD
7. Well Name: GGU JOLLEY FEDERAL Well Number: 21D-21-691
8. Location: QtrQtr: NENW Section: 21 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/05/2009</u>	Date of First Production this formation: <u>08/21/2009</u>
Perforations Top: <u>5008</u> Bottom: <u>7596</u>	No. Holes: <u>230</u> Hole size: <u>0.3</u>
Provide a brief summary of the formation treatment: <u>1,111,500 lbs White Sand, 267,400 30/50 Sand, 158,400 20/40 SLC, 74,432 BBLS Slickwater</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>09/03/2009</u> Hours: <u>24</u> Bbls oil: <u>52</u> Mcf Gas: <u>1177</u> Bbls H2O: <u>38</u>	
Calculated 24 hour rate: <u>52</u> Bbls oil: <u>52</u> Mcf Gas: <u>1177</u> Bbls H2O: <u>38</u> GOR: <u>22635</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>1000</u> Tubing PSI: <u>650</u> Choke Size: <u>24</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1165</u> API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6315</u> Tbg setting date: <u>07/27/2011</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Julie Webb

Title: Permit Analyst Date: Email: jwebb@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400273491	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)