

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400274448

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 05-045-14104-00

6. County: GARFIELD

7. Well Name: ANCHONDO

Well Number: 32A-20-692

8. Location: QtrQtr: SENE Section: 20 Township: 6S Range: 92W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Date: 09/01/2007

Date of First Production this formation: 09/03/2007

Perforations Top: 7970 Bottom: 8075 No. Holes: 16 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐

Treated with Williams Fork Summary. See Williams Fork Treatment Summary.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 10/10/2007 Hours: 24 Bbls oil: 5 Mcf Gas: 103 Bbls H2O: 195

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 103 Bbls H2O: 195 GOR: 20600

Test Method: Flowing Casing PSI: 1680 Tubing PSI: 1500 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1128 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7014 Tbg setting date: 10/13/2011 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: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/30/2007</u>		Date of First Production this formation: <u>09/03/2007</u>			
Perforations	Top: <u>8216</u>	Bottom: <u>8218</u>	No. Holes: <u>16</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Treated with Williams Fork Summary. See Williams Fork Treatment Summary.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>10/10/2007</u>	Hours: <u>24</u>	Bbls oil: <u>5</u>	Mcf Gas: <u>103</u>	Bbls H2O: <u>195</u>	
Calculated 24 hour rate:		Bbls oil: <u>5</u>	Mcf Gas: <u>103</u>	Bbls H2O: <u>195</u>	GOR: <u>20600</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1680</u>	Tubing PSI: <u>1500</u>	Choke Size: <u>20/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1128</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7014</u>	Tbg setting date: <u>10/13/2011</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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: _____			

FORMATION: <u>ROLLINS</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>09/02/2007</u>		Date of First Production this formation: <u>09/03/2007</u>			
Perforations	Top: <u>7441</u>	Bottom: <u>7444</u>	No. Holes: <u>6</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Treated with Williams Fork Summary. See Williams Fork Treatment Summary.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>10/10/2007</u>	Hours: <u>24</u>	Bbls oil: <u>5</u>	Mcf Gas: <u>103</u>	Bbls H2O: <u>195</u>	
Calculated 24 hour rate:		Bbls oil: <u>5</u>	Mcf Gas: <u>103</u>	Bbls H2O: <u>195</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1680</u>	Tubing PSI: <u>1500</u>	Choke Size: <u>20/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1128</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7014</u>	Tbg setting date: <u>01/13/2011</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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: _____			

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 09/02/2007 Date of First Production this formation: 09/03/2007

Perforations Top: 5760 Bottom: 7337 No. Holes: 166 Hole size: 0.34

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

1,643,740 lbs 20/40 White Sand, 77,966 lbs CWS 600, 80,543 BBLS Slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 10/10/2007 Hours: 24 Bbls oil: 5 Mcf Gas: 1755 Bbls H2O: 195

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 1755 Bbls H2O: 195 GOR: 35100

Test Method: Flowing Casing PSI: 1680 Tubing PSI: 1500 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1128 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7014 Tbg setting date: 01/13/2011 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: Julie Webb

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

Attachment Check List

Att Doc Num	Name
400274547	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)