

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:

400276606

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 05-045-20125-00

6. County: GARFIELD

7. Well Name: CBS

Well Number: 31D-21-692

8. Location: QtrQtr: SWNE Section: 21 Township: 6S

Range: 92W Meridian: 6

9. Field Name: MAMM CREEK

Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 03/24/2012 Date of First Production this formation: 04/01/2012
Perforations Top: 7895 Bottom: 8019 No. Holes: 8 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: 04/18/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 66 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 66 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 2600 Tubing PSI: 1000 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1109 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6990 Tbg setting date: 04/10/2012 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: 03/24/2012 Date of First Production this formation: 04/01/2012
Perforations Top: 5945 Bottom: 7867 No. Holes: 180 Hole size: 0.34

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

1,132,770 lbs 20/40 White Sand, 125,700 lbs CRC Sand, 59,141 BBLS Slickwater

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

Test Information:

Date: 04/18/2012 Hours: 24 Bbls oil: 29 Mcf Gas: 1259 Bbls H2O: 139
Calculated 24 hour rate: Bbls oil: 29 Mcf Gas: 1259 Bbls H2O: 139 GOR: 43414
Test Method: Flowing Casing PSI: 2600 Tubing PSI: 1000 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1109 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6990 Tbg setting date: 04/10/2012 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: Julie Webb

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

Email
:

Attachment Check List

Att Doc Num	Name
400276653	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)