

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:

400278929

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

5. API Number 05-045-07669-00
6. County: GARFIELD
7. Well Name: GIBSON GULCH UNIT
Well Number: 7-31
8. Location: QtrQtr: SENE Section: 31 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK Status: TEMPORARILY ABANDONED

Treatment Date: 02/08/2001 Date of First Production this formation: _____
Perforations Top: 4395 Bottom: 5588 No. Holes: 46 Hole size: 0.32

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

1,332,000 #20/40 Sand, 10,107 bbls 2% KCL water plus 407,000 scf N2 (original treatment information)

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

CIBP temporarily set @ 4332' to drill and complete other wells on pad. CIBP set on 1/31/2012.

Date formation Abandoned: 01/31/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 4332 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
400278946	WIRELINER JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)