

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:

400278971

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 05-045-07142-00 6. County: GARFIELD
7. Well Name: GIBSON GULCH UNIT Well Number: 8-31
8. Location: QtrQtr: SENE Section: 31 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

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|---|--|
| FORMATION: <u>MESAVERDE</u> | Status: <u>TEMPORARILY ABANDONED</u> |
| Treatment Date: <u>04/01/1997</u> | Date of First Production this formation: <u>04/02/1997</u> |
| Perforations Top: <u>4696</u> Bottom: <u>4937</u> | No. Holes: <u>21</u> Hole size: <u>0.34</u> |
| Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <u>CIBP temporarily set @ 4650' to drill and complete other wells on pad. CIBP set on 2/15/2012.</u> | |
| Date formation Abandoned: <u>02/15/2012</u> | Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____ |
| Bridge Plug Depth: <u>4650</u> | 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 |
|-------------|-----------------------|
| 400279001 | WIRELINER JOB SUMMARY |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)