

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:

400279013

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 05-045-17754-00

6. County: GARFIELD

7. Well Name: GGU JOLLEY FEDERAL

Well Number: 11A-28-691

8. Location: QtrQtr: SWSW Section: 21 Township: 6S Range: 91W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: TEMPORARILY ABANDONED

Treatment Date: 05/27/2009 Date of First Production this formation: 06/07/2009

Perforations Top: 7835 Bottom: 7868 No. Holes: 16 Hole size: 0.3

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

29,000 lbs 20/40 Sand, 36,200 lbs 3/50 Sand, 6,600 lbs 20/40 SLC, 3,629 bbls Slickwater

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: 2 + 3/8 Tubing Setting Depth: 6357 Tbg setting date: 02/12/2012 Packer Depth: _____

Reason for Non-Production:

CIBP temporarily set @ 7340' to drill due to production. CIBP set on 2/2/2012.

Date formation Abandoned: 02/02/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7340 Sacks cement on top: _____

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 06/07/2009

Perforations Top: 5384 Bottom: 7780 No. Holes: 208 Hole size: 0.3

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

1,217,131 lbs 20/40 Sand, 16,600 lbs 30/50 Sand, 197,471 lbs 20/40 SLC, 66,493 bbls Slickwater

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

Test Information:

Date: 06/22/2009 Hours: 24 Bbls oil: 19 Mcf Gas: 1304 Bbls H2O: 102

Calculated 24 hour rate: _____ Bbls oil: 19 Mcf Gas: 1304 Bbls H2O: 102 GOR: 69754

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 850 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6357 Tbg setting date: 02/02/2012 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
400279044	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)