

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:

400268847

Date Received:

04/17/2012

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 05-045-14598-00

6. County: GARFIELD

7. Well Name: SPECIALTY

Well Number: 14C-21-692

8. Location: QtrQtr: NENW Section: 28 Township: 6S Range: 92W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: CORCORAN

Status: PRODUCING

Treatment Date: 11/13/2007

Date of First Production this formation: 11/23/2007

Perforations Top: 8283 Bottom: 8308 No. Holes: 14 Hole size: 0.3

Provide a brief summary of the formation treatment:

Open Hole: ☐

53,040 lbs 20-40 White Sand, 8,500 lbs CRC Sand, 2,904 BBLs Slickwater

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

Test Information:

Date: 12/20/2007 Hours: 24 Bbls oil: 13 Mcf Gas: 73 Bbls H2O: 200

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 73 Bbls H2O: 200 GOR: 5615

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1550 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1117 API Gravity Oil: 52

Tubing Size: 2 + 3/5 Tubing Setting Depth: 6341 Tbg setting date: 06/20/2008 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: ROLLINS Status: PRODUCING

Treatment Date: 11/16/2007 Date of First Production this formation: 11/23/2007

Perforations Top: 7474 Bottom: 7478 No. Holes: 8 Hole size: 0.3

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

106,280 lbs 20-40 White Sand, 18,640 lbs CRC Sand, 5793 BBLs Slickwater

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

Test Information:

Date: 12/20/2007 Hours: 24 Bbls oil: 13 Mcf Gas: 73 Bbls H2O: 200

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 73 Bbls H2O: 200 GOR: 5615

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1550 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1117 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6341 Tbg setting date: 06/20/2008 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: 11/16/2007 Date of First Production this formation: 11/23/2007

Perforations Top: 5498 Bottom: 7355 No. Holes: 150 Hole size: 0.3

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

1,010,560 lbs 20-40 White Sand, 109,830 lbs CRC Sand, 51,461 BBLs Slickwater

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

Test Information:

Date: 12/20/2007 Hours: 24 Bbls oil: 13 Mcf Gas: 1318 Bbls H2O: 200

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 1318 Bbls H2O: 200 GOR: 10138

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1550 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1117 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6341 Tbg setting date: 06/20/2008 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: 4/17/2012 Email: jwebb@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400268847	FORM 5A SUBMITTED
400268946	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)