

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:

400261680

Date Received:

03/21/2012

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: Megan Finnegan

2. Name of Operator: BARRETT CORPORATION\* BILL

Phone: (303) 299-9949

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19516-00

6. County: GARFIELD

7. Well Name: GGU FEDERAL

Well Number: 33C-20-691

8. Location: QtrQtr: SWSE Section: 20 Township: 6S

Range: 91W Meridian: 6

9. Field Name: MAMM CREEK

Field Code: 52500

### Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 02/16/2012 Date of First Production this formation: 02/29/2012

Perforations Top: 7509 Bottom: 7666 No. Holes: 21 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: 03/13/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 63 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 63 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 750 Tubing PSI: 300 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1152 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5997 Tbg setting date: 03/03/2012 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: 02/16/2012 Date of First Production this formation: 02/29/2012

Perforations Top: 4343 Bottom: 7447 No. Holes: 290 Hole size: 0.34

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

1,229,598 lbs 20/40 white sand, 141,100 CRC sand, 66,338 bbls slick water.

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

#### Test Information:

Date: 03/13/2012 Hours: 24 Bbls oil: 1 Mcf Gas: 1189 Bbls H2O: 166

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 1189 Bbls H2O: 166 GOR: 11890

Test Method: Flowing Casing PSI: 750 Tubing PSI: 300 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1152 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5997 Tbg setting date: 03/03/2012 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: Megan Finnegan

Title: Permit Analyst

Date: 3/21/2012

Email : mfinnegan@billbarrettcorp.com

### **Attachment Check List**

Att Doc Num	Name
400261680	FORM 5A SUBMITTED
400261700	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)