

**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:
400287840

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: <u>10071</u>	4. Contact Name: <u>Julie Webb</u>
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 312-8714</u>
3. Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>(303) 291-0420</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-19688-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Kaufman</u>	Well Number: <u>42C-25-692</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>30</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 04/19/2012 Date of First Production this formation: 04/23/2012
Perforations Top: 7322 Bottom: 7418 No. Holes: 10 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: 05/14/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 95 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 95 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1800 Tubing PSI: 1340 Choke Size: 24
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1164 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6153 Tbg setting date: 05/11/2012 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: 04/19/2012 Date of First Production this formation: 04/23/2012
Perforations Top: 4907 Bottom: 7294 No. Holes: 198 Hole size: 0.34

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

65,834 bbls Slickwater, 1,245,762 lbs 20/40 White Sand, 138,400 lbs CRC Sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/14/2012 Hours: 24 Bbls oil: 32 Mcf Gas: 1798 Bbls H2O: 42
Calculated 24 hour rate: Bbls oil: 32 Mcf Gas: 1798 Bbls H2O: 42 GOR: 56187
Test Method: Flowing Casing PSI: 1800 Tubing PSI: 1340 Choke Size: 24
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1164 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6153 Tbg setting date: 05/11/2012 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
400288571	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)