

**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:  
400287894

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>05-045-20735-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>GGU Kaufman</u>	Well Number: <u>11A-30-691</u>
8. Location: QtrQtr: <u>LOT 2</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: 05/04/2012 Date of First Production this formation: 05/08/2012

Perforations Top: 7063 Bottom: 7186 No. Holes: 12 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: 05/22/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 58 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 58 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1550 Tubing PSI: 1090 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1161 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5918 Tbg setting date: 05/15/2012 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: 05/04/2012 Date of First Production this formation: 05/08/2012

Perforations Top: 4679 Bottom: 7031 No. Holes: 186 Hole size: 0.34

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

64,694 bbls Slickwater, 1,216,007 lbs 20/40 White Sand 133,200 CRC Sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/22/2012 Hours: 24 Bbls oil: 31 Mcf Gas: 1095 Bbls H2O: 139

Calculated 24 hour rate: Bbls oil: 31 Mcf Gas: 1095 Bbls H2O: 139 GOR: 35322

Test Method: Flowing Casing PSI: 1550 Tubing PSI: 1090 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1161 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5918 Tbg setting date: 05/15/2012 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  
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**Attachment Check List**

Att Doc Num	Name
400287962	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)