

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400287376

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: 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 05-123-20833-00

6. County: WELD

7. Well Name: 70 RANCH

Well Number: 11-3

8. Location: QtrQtr: NWNW Section: 3 Township: 4N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 04/19/2012

Date of First Production this formation: 01/27/2005

Perforations Top: 6488 Bottom: 6499 No. Holes: 22 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Treated with Niobrara. See Niobrara Treatment Summary.

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: Tubing Setting Depth: Tbg setting date: 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: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 04/19/2012Date of First Production this formation: 01/27/2005Perforations Top: 6238 Bottom: 6499 No. Holes: 105 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 05/02/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 185 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 185 Bbls H2O: 0 GOR: Test Method: Flowing Casing PSI: 985 Tubing PSI: 880 Choke Size: 64/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6430 Tbg setting date: 04/25/2012 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: NIOBRARAStatus: COMMINGLEDTreatment Date: 04/19/2012Date of First Production this formation: 01/27/2005Perforations Top: 6238 Bottom: 6480 No. Holes: 83 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐252,980 lbs 20/40 White Sand, 4113 BBLS SlickwaterThis 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: Tubing Setting Depth: Tbg setting date: 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 FinneganTitle: Permit Analyst Date: Email mfinnegan@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400287471	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)