

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:

400290893

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: 10091 4. Contact Name: HEIDI BANG
2. Name of Operator: BERRY PETROLEUM COMPANY Phone: (303) 999-4262
3. Address: 1999 BROADWAY STE 3700 Fax: (303) 999-4362
City: DENVER State: CO Zip: 80202

5. API Number 05-045-13649-00 6. County: GARFIELD
7. Well Name: LATHAM Well Number: 29-18D
8. Location: QtrQtr: SWSE Section: 29 Township: 5S Range: 96W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/10/2008</u>	Date of First Production this formation: <u>11/17/2008</u>
Perforations Top: <u>7653</u> Bottom: <u>8353</u>	No. Holes: <u>78</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Well was frac'd in 2 additional stages using 268,000 lbs 30/50 white sand and 18,638 bbls slickwater .</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>01/06/2012</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>341</u> Bbls H2O: <u>164</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>341</u> Bbls H2O: <u>164</u> GOR: <u></u>	
Test Method: <u>Flowing</u> Casing PSI: <u>950</u> Tubing PSI: <u>460</u> Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1060</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>9273</u> Tbg setting date: <u>01/16/2009</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

Submitting updated well information on additional stages.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: HEIDI BANG

Title: REG COMPLIANCE ASSISTANT Date: Email: HSB@BRY.COM

Attachment Check List

Att Doc Num	Name
400291043	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)