

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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

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: WILLIAMS FORK Status: PRODUCING
Treatment Date: 11/10/2008 Date of First Production this formation: 11/17/2008
Perforations Top: 7653 Bottom: 8353 No. Holes: 78 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Well was frac'd in 2 additional stages using 268,000 lbs 30/50 white sand and 18,638 bbls slickwater .
This formation is commingled with another formation: Yes No
Test Information:
Date: 01/06/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 341 Bbls H2O: 164
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 341 Bbls H2O: 164 GOR:
Test Method: Flowing Casing PSI: 950 Tubing PSI: 460 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1060 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9273 Tbg setting date: 01/16/2009 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: 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)