

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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

5. API Number 05-045-19244-00
6. County: GARFIELD
7. Well Name: Werner
Well Number: 34A-23-692
8. Location: QtrQtr: SWSE Section: 23 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS-WILLIAMS FORK Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 05/01/2012 End Date: 05/08/2012 Date of First Production this formation: 05/04/2012
Perforations Top: 5630 Bottom: 7544 No. Holes: 184 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 58043 Max pressure during treatment (psi): 6360
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43
Type of gas used in treatment: Number of staged intervals: 7
Total acid used in treatment (bbl): 126 Max frac gradient (psi/ft): 0.78
Recycled water used in treatment (bbl): 58043 Flowback volume recovered (bbl): 37033
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1258432 Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/01/2012 End Date: 05/01/2012 Date of First Production this formation: 05/04/2012
Perforations Top: 7390 Bottom: 7544 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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/21/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 75 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 75 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1725 Tubing PSI: 900 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1135 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6582 Tbg setting date: 05/10/2012 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 Type: FRACTURE STIMULATION

Treatment Date: 05/01/2012 End Date: 05/08/2012 Date of First Production this formation: 05/04/2012
Perforations Top: 5630 Bottom: 7356 No. Holes: 172 Hole size: 0.34

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

59,406 bbls Slickwater, 1,132,325 lbs 20/40 Sand, 126,107 lbs 20/40 SLC Sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/21/2012 Hours: 24 Bbl oil: 10 Mcf Gas: 1421 Bbl H2O: 244

Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 1421 Bbl H2O: 244 GOR: 14210

Test Method: Flowing Casing PSI: 1725 Tubing PSI: 900 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1135 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6582 Tbg setting date: 05/10/2012 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: _____ Email: jwebb@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400298044	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)