

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

5. API Number 05-045-21148-00 6. County: GARFIELD
7. Well Name: Kaufman Well Number: 31A-25-692
8. Location: QtrQtr: NENW Section: 25 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: 05/25/2012 End Date: 06/11/2012 Date of First Production this formation: 06/01/2012
Perforations Top: 4997 Bottom: 7494 No. Holes: 202 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): 65738 Max pressure during treatment (psi): 6833
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.39
Type of gas used in treatment: Number of staged intervals: 8
Total acid used in treatment (bbl): 133 Max frac gradient (psi/ft): 0.89
Recycled water used in treatment (bbl): 65738 Flowback volume recovered (bbl): 36569
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1367949 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: 05/25/2012 End Date: 05/25/2012 Date of First Production this formation: 06/01/2012  
Perforations Top: 7408 Bottom: 7494 No. Holes: 8 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: 06/19/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 83 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 83 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1675 Tubing PSI: 1280 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1091 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6254 Tbg setting date: 06/13/2012 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: 05/25/2012 End Date: 06/11/2012 Date of First Production this formation: 06/01/2012  
Perforations Top: 4997 Bottom: 7375 No. Holes: 194 Hole size: 0.34

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

67,778 bbls Slickwater, 1,229,149 20/40 White Sand, 138,800 lbs CRC 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: 06/19/2012 Hours: 24 Bbl oil: 54 Mcf Gas: 1577 Bbl H2O: 47  
Calculated 24 hour rate: Bbl oil: 54 Mcf Gas: 1577 Bbl H2O: 47 GOR: 29203  
Test Method: Flowing Casing PSI: 1675 Tubing PSI: 1280 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1091 API Gravity Oil: 52  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6254 Tbg setting date: 06/13/2012 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
400297806	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)