

FORM
5A

Rev
06/12

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:

400297267

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 05-045-19242-00
6. County: GARFIELD
7. Well Name: Werner
Well Number: 34C-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: 05/30/2012 End Date: 06/08/2012 Date of First Production this formation: 06/08/2012
Perforations Top: 5651 Bottom: 7608 No. Holes: 166 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 55460 Max pressure during treatment (psi): 6420
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: 7
Total acid used in treatment (bbl): 125 Max frac gradient (psi/ft): 0.99
Recycled water used in treatment (bbl): 55460 Flowback volume recovered (bbl): 31266
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1237189 Rule 805 green completion techniques were utilized: ☒
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: <u>ROLLINS</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>05/30/2012</u>		End Date: <u>05/30/2012</u>		Date of First Production this formation: <u>06/08/2012</u>	
Perforations	Top: <u>7375</u>	Bottom: <u>7608</u>	No. Holes: <u>12</u>	Hole size: <u>0.34</u>	

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: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>06/19/2012</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>84</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>84</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1675</u>	Tubing PSI: <u>950</u>	Choke Size: <u>24</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1148</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6616</u>	Tbg setting date: <u>06/09/2012</u>	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: 05/30/2012 End Date: 06/08/2012 Date of First Production this formation: 06/08/2012

Perforations Top: 5651 Bottom: 7339 No. Holes: 154 Hole size: 0.34

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

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: 29 Mcf Gas: 1595 Bbl H2O: 337

Calculated 24 hour rate: Bbl oil: 29 Mcf Gas: 1595 Bbl H2O: 337 GOR: 55000

Test Method: Flowing Casing PSI: 1675 Tubing PSI: 950 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1148 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6616 Tbg setting date: 06/08/2012 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
400297313	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)