

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400291213

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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 05-045-13647-00
6. County: GARFIELD
7. Well Name: LATHAM
Well Number: 29-19D
8. Location: QtrQtr: SWSE Section: 29 Township: 5S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:

Treatment Date: 11/10/2008 End Date: Date of First Production this formation: 11/17/2008

Perforations Top: 7473 Bottom: 8091 No. Holes: 110 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Well was frac'd in 3 additional stages using 359,000 lbs 20/40 white sand, 21,419 bbl slickwater, and 1500 g 7.5 % acid.

This formation is commingled with another formation: [] Yes [X] 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: 01/06/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 383 Bbl H2O: 170

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 383 Bbl H2O: 170 GOR: 0

Test Method: Flowing Casing PSI: 1360 Tubing PSI: 850 Choke Size: 17/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8131 Tbg setting date: 12/14/2011 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 a revised copy due to additional stages to this well.

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: 5/31/2012 Email HSB@BRY.COM
:

Attachment Check List

Att Doc Num	Name
400291213	FORM 5A SUBMITTED
400291236	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)