

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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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 Fax: (303) 291-0420
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20949-00 6. County: GARFIELD
 7. Well Name: EPPERLY Well Number: 23D-23-692
 8. Location: QtrQtr: NWSW 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: 05/21/2012 End Date: 05/29/2012 Date of First Production this formation: 05/30/2012
 Perforations Top: 5450 Bottom: 7631 No. Holes: 180 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): 56351 Max pressure during treatment (psi): 6246
 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): 0.78
 Recycled water used in treatment (bbl): 56351 Flowback volume recovered (bbl): 37890
 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 1223244 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: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/21/2012 End Date: 05/21/2012 Date of First Production this formation: 05/30/2012

Perforations Top: 7482 Bottom: 7631 No. Holes: 10 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: 06/13/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 88 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 88 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1700 Tubing PSI: 1525 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1084 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6642 Tbg setting date: 05/30/2012 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: 05/21/2012 End Date: 05/29/2012 Date of First Production this formation: 05/30/2012
Perforations Top: 5450 Bottom: 7449 No. Holes: 170 Hole size: 0.34

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

57,675 bbls Slickwater, 1,100,489 lbs 20/40 White Sand, 122,755 lbs 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: 06/13/2012 Hours: 24 Bbl oil: 37 Mcf Gas: 1676 Bbl H2O: 141
Calculated 24 hour rate: Bbl oil: 37 Mcf Gas: 1675 Bbl H2O: 141 GOR: 45297
Test Method: Flowing Casing PSI: 1700 Tubing PSI: 1525 Choke Size: 24
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1084 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6642 Tbg setting date: 05/30/2012 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:

Our first stage for perf/ frac is in both WMFK and RLNS so frac is information cannot be seperated by formation.

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
400297791	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)