

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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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 05-001-09658-00
6. County: ADAMS
7. Well Name: CHAMPLIN DANFORD Well Number: 44-32
8. Location: QtrQtr: SESE Section: 32 Township: 2S Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type:

Treatment Date: 08/07/2008 End Date: Date of First Production this formation: 08/13/2008

Perforations Top: 8066 Bottom: 8120 No. Holes: 67 Hole size: 0.38

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

20,723 gal of Nitrogen Foam 60 Containing 87,677 lbs 20/40 Sand

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: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
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: 09/15/2008 Hours: 24 Bbl oil: 4 Mcf Gas: 60 Bbl H2O: 9
Calculated 24 hour rate: Bbl oil: 4 Mcf Gas: 60 Bbl H2O: 9 GOR: 15000
Test Method: Flowing Casing PSI: 180 Tubing PSI: 135 Choke Size:
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1518 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8060 Tbg setting date: 08/09/2008 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: \*\* Wireline and Cement Job Summary must be attached.

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: 5/24/2012 Email: jwebb@billbarrettcorp.com  
:

### **Attachment Check List**

Att Doc Num	Name
400286148	FORM 5A SUBMITTED
400286160	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)