

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



DE ET OE ES

Document Number:

400305084

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 05-045-20951-00
6. County: GARFIELD
7. Well Name: EPPERLY
Well Number: 13B-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: 06/08/2012 End Date: 06/18/2012 Date of First Production this formation: 06/20/2012
Perforations Top: 5475 Bottom: 7508 No. Holes: 174 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): 53029 Max pressure during treatment (psi): 6031
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.39
Type of gas used in treatment: Max frac gradient (psi/ft): 0.75
Total acid used in treatment (bbl): 124 Number of staged intervals: 7
Recycled water used in treatment (bbl): 53029 Flowback volume recovered (bbl): 42238
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1184583 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>06/08/2012</u>		End Date: <u>06/08/2012</u>		Date of First Production this formation: <u>06/20/2012</u>	
Perforations	Top: <u>7367</u>	Bottom: <u>7508</u>	No. Holes: <u>8</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: _____	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: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>07/10/2012</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>58</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>58</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1125</u>	Tubing PSI: <u>1020</u>	Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1132</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6502</u>	Tbg setting date: <u>06/20/2012</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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/08/2012 End Date: 06/18/2012 Date of First Production this formation: 06/20/2012
Perforations Top: 5475 Bottom: 7331 No. Holes: 166 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐

54,309 bbls Slickwater, 1,062,922 lbs 20/40 White Sand, 121,661 lbs SLC

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: _____

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: 07/10/2012 Hours: 24 Bbl oil: 28 Mcf Gas: 1106 Bbl H2O: 149
Calculated 24 hour rate: Bbl oil: 28 Mcf Gas: 1106 Bbl H2O: 149 GOR: 39500
Test Method: Flowing Casing PSI: 1125 Tubing PSI: 1020 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1132 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6502 Tbg setting date: 06/20/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Our First Satge for Perf/ Frac is in both WMFK and RLNS so frac 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
400305119	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)