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
2. Name of Operator: BARRETT CORPORATION* BILL
3. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202
4. Contact Name: Megan Finnegan
Phone: (303) 299-9499
Fax: (303) 291-0420

5. API Number 05-045-19243-00
6. County: GARFIELD
7. Well Name: Werner
Well Number: 33C-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: 06/18/2012 End Date: 06/28/2012 Date of First Production this formation: 06/27/2012

Perforations Top: 5797 Bottom: 7757 No. Holes: 178 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): 49762
Max pressure during treatment (psi): 6351
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): 0.95
Total acid used in treatment (bbl): 125
Number of staged intervals: 7
Recycled water used in treatment (bbl): 49762
Flowback volume recovered (bbl): 33430
Fresh water used in treatment (bbl): 0
Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1172491
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: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/18/2012 End Date: 06/18/2012 Date of First Production this formation: 06/27/2012

Perforations Top: 7612 Bottom: 7757 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: 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: 07/12/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1125 Tubing PSI: 550 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1140 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6772 Tbg setting date: 06/29/2012 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.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/18/2012 End Date: 06/28/2012 Date of First Production this formation: 06/27/2012

Perforations Top: 5797 Bottom: 7581 No. Holes: 168 Hole size: 0.34

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

1,051,851 lbs 20/40 White Sand, 120,640 lbs SCL Sand, 54,996 BBLS Slickwater

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: 07/12/2012 Hours: 24 Bbl oil: 15 Mcf Gas: 947 Bbl H2O: 110

Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 947 Bbl H2O: 110 GOR: 63133

Test Method: Flowing Casing PSI: 1125 Tubing PSI: 550 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1140 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6772 Tbg setting date: 06/29/2012 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:

First perf/frac stage is in both WMFK and RLNS, frac treatment data 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: Megan Finnegan

Title: Permit Analyst Date: Email: mfinnegan@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400306772	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)