

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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Document Number:
400290762

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

5. API Number 05-001-09662-00 6. County: ADAMS
 7. Well Name: Egan State Well Number: 43-36
 8. Location: QtrQtr: NESE Section: 36 Township: 2S Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/27/2012 End Date: 12/27/2012 Date of First Production this formation: 01/31/2012

Perforations Top: 8075 Bottom: 8088 No. Holes: 52 Hole size: 0.42

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

112,521 lbs 20/40 Ottawa, 2964 bbls Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2713 Max pressure during treatment (psi): 5209

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.00

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): 50 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 648

Fresh water used in treatment (bbl): 2713 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 112521 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/31/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 11 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 11 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 250 Tubing PSI: 120 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1158 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8147 Tbg setting date: 01/28/2012 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: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/26/2012 End Date: 12/27/2012 Date of First Production this formation: 01/31/2012

Perforations Top: 8143 Bottom: 8165 No. Holes: 68 Hole size: 0.42

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

325,180 lbs Ottawa 20/40, 4,587 BBLS Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4230 Max pressure during treatment (psi): 5712

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.00

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.84

Total acid used in treatment (bbl): 95 Number of staged intervals: 2

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 648

Fresh water used in treatment (bbl): 4230 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 332021 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/31/2012 Hours: 24 Bbl oil: 3 Mcf Gas: 11 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 11 Bbl H2O: 0 GOR: 3666

Test Method: Flowing Casing PSI: 250 Tubing PSI: 120 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1158 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8147 Tbg setting date: 01/26/2012 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: _____

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
400324476	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)