

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, 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) 299-9949
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-21101-00 6. County: GARFIELD
 7. Well Name: Dixon Federal Well Number: 42C-22-692
 8. Location: QtrQtr: SWNW 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: 08/04/2012 End Date: 08/14/2012 Date of First Production this formation: 08/12/2012
 Perforations Top: 5815 Bottom: 7678 No. Holes: 182 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): 54774 Max pressure during treatment (psi): 6892
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.39
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.75
 Total acid used in treatment (bbl): 103 Number of staged intervals: 7
 Recycled water used in treatment (bbl): 54774 Flowback volume recovered (bbl): 37814
 Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 1176186 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: 08/04/2012 End Date: 08/04/2012 Date of First Production this formation: 08/12/2012
Perforations Top: 7587 Bottom: 7678 No. Holes: 8 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: _____ Min 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: 08/28/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 54 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 54 Bbl H2O: 0 GOR: 54000

Test Method: Flowing Casing PSI: 1300 Tubing PSI: 1050 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1138 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6756 Tbg setting date: 08/26/2012 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.

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

Treatment Date: 08/04/2012 End Date: 08/14/2012 Date of First Production this formation: 08/12/2012
Perforations Top: 5815 Bottom: 7550 No. Holes: 174 Hole size: 0.34

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

1,507,986 lbs 20/40 White Sand, 118,200 lbs CRC Sand, 56,050 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: _____ Min 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: 08/28/2012 Hours: 24 Bbl oil: 14 Mcf Gas: 1033 Bbl H2O: 367

Calculated 24 hour rate: Bbl oil: 14 Mcf Gas: 1033 Bbl H2O: 367 GOR: 73786

Test Method: Flowing Casing PSI: 1300 Tubing PSI: 1050 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1138 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6756 Tbg setting date: 08/26/2012 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: _____
First perf/frac stage is in both WMFK and RLNS formations, frac treatment data cannot be separated 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
400335434	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)