

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400345863

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 4. Contact Name: Julie Webb
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8714
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-045-20866-00 6. County: GARFIELD
7. Well Name: FEDERAL Well Number: 13C-34-691
8. Location: QtrQtr: SESE Section: 33 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS-WILLIAMS FORK Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 09/08/2012 End Date: 09/15/2012 Date of First Production this formation: 09/16/2012
Perforations Top: 6377 Bottom: 8552 No. Holes: 176 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 50227 Max pressure during treatment (psi): 7038
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): 0.61
Total acid used in treatment (bbl): 122 Number of staged intervals: 7
Recycled water used in treatment (bbl): 50227 Flowback volume recovered (bbl): 36983
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1059944 Rule 805 green completion techniques were utilized: [X]
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: 09/08/2012 End Date: 09/08/2012 Date of First Production this formation: 09/16/2012
Perforations Top: 8473 Bottom: 8552 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: _____ 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: 10/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 27 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 27 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 750 Tubing PSI: 375 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1110 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7459 Tbg setting date: 10/22/2012 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: 09/08/2012 End Date: 09/15/2012 Date of First Production this formation: 09/16/2012
Perforations Top: 6377 Bottom: 8474 No. Holes: 166 Hole size: 0.34

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

953,744 lbs 20/40 White Sand, 106,200 CRC Sand, 51,229 bbl 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: 10/30/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 521 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 521 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 750 Tubing PSI: 375 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1110 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7459 Tbg setting date: 10/22/2012 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 stage 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
400349661	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)