

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Julie Webb
Phone: (303) 312-8714
Fax: (303) 291-0420

5. API Number 05-045-20859-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: 14C-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: 09/24/2012 End Date: 10/03/2012 Date of First Production this formation: 10/04/2012
Perforations Top: 6250 Bottom: 8250 No. Holes: 172 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): 48813 Max pressure during treatment (psi): 6394
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): 0.77
Total acid used in treatment (bbl): 125 Number of staged intervals: 7
Recycled water used in treatment (bbl): 48813 Flowback volume recovered (bbl): 27666
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1018049 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: 09/24/2012 End Date: 09/24/2012 Date of First Production this formation: 10/04/2012  
Perforations Top: 8101 Bottom: 8250 No. Holes: 12 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: 22 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 22 Bbl H2O: 0 GOR: 0  
Test Method: Flowing Casing PSI: 150 Tubing PSI: 1000 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1160 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7245 Tbg setting date: 10/07/2012 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: 09/24/2012 End Date: 10/03/2012 Date of First Production this formation: 10/04/2012  
Perforations Top: 6250 Bottom: 8062 No. Holes: 160 Hole size: 0.34

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

916,249 lbs 20/40 White Sand, 101,800 lbs CRC Sand, 49,935 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: 10/30/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 416 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 416 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 150 Tubing PSI: 1000 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1160 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7245 Tbg setting date: 10/07/2012 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 frac/ perf 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
400346003	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)