

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:

11/08/2012

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: Erin Joseph
Phone: (303) 3128738
Fax: (303) 2910420

5. API Number 05-045-21112-00
6. County: GARFIELD
7. Well Name: Dixon Federal
Well Number: 11D-23-692
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: 09/17/2012 End Date: 09/23/2012 Date of First Production this formation: 09/24/2012
Perforations Top: 5980 Bottom: 7842 No. Holes: 156 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): 41116 Max pressure during treatment (psi): 6428
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): 0.80
Total acid used in treatment (bbl): 107 Number of staged intervals: 6
Recycled water used in treatment (bbl): 41116 Flowback volume recovered (bbl): 34279
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 875643 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: <u>ROLLINS</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>09/17/2012</u>		End Date: <u>09/17/2012</u>		Date of First Production this formation: <u>09/25/2012</u>	
Perforations	Top: <u>7703</u>	Bottom: <u>7842</u>	No. Holes: <u>8</u>	Hole size: <u>0.34</u>	

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

Treated with the 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: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>09/24/2012</u>	Hours: <u>24</u>	Bbl oil: <u>3</u>	Mcf Gas: <u>134</u>	Bbl H2O: <u>24</u>
Calculated 24 hour rate:	Bbl oil: <u>3</u>	Mcf Gas: <u>134</u>	Bbl H2O: <u>24</u>	GOR: <u>43129</u>
Test Method: <u>flowing</u>	Casing PSI: <u>700</u>	Tubing PSI: _____	Choke Size: <u>28</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1130</u>	API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6899</u>	Tbg setting date: <u>10/02/2012</u>	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: 09/17/2012 End Date: 09/23/2012 Date of First Production this formation: 09/24/2012
Perforations Top: 5980 Bottom: 7669 No. Holes: 148 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐

40262 bbls slickwater, 788443# 20/40 white sand, 87200# CRC white sand

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 40262

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): 875643

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/24/2012 Hours: 24 Bbl oil: 3 Mcf Gas: 134 Bbl H2O: 24
Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 134 Bbl H2O: 24 GOR: 43129
Test Method: flowing Casing PSI: 700 Tubing PSI: _____ Choke Size: 28
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1130 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6899 Tbg setting date: 10/02/2012 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 the rollins and williams fork formations fot he frac information 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: Erin K Joseph

Title: Regulatory Analyst II Date: 11/8/2012 Email ejoseph@billbarrettcorp.com

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Attachment Check List

Att Doc Num	Name
400344690	FORM 5A SUBMITTED
400344821	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Requested operator report frac info to Frac Data.	12/3/2012 11:15:07 AM

Total: 1 comment(s)