

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

5. API Number 05-123-33411-01 6. County: WELD
7. Well Name: Dutch Lake Well Number: 16-24H
8. Location: QtrQtr: NWNW Section: 24 Township: 6N Range: 62W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/18/2012 End Date: 09/20/2012 Date of First Production this formation: 09/22/2012

Perforations Top: 6789 Bottom: 10376 No. Holes: 486 Hole size: 0.44

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

239,028 lbs 40/70 Sand, 2,058,525 lbs 20/40 Sand 36,358 bbls Slickwater

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 33925 Max pressure during treatment (psi): 7987
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.44
Total acid used in treatment (bbl): 0 Number of staged intervals: 18
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 9577
Fresh water used in treatment (bbl): 33925 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 2297553 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: 10/08/2012 Hours: 24 Bbl oil: 235 Mcf Gas: 0 Bbl H2O: 90
Calculated 24 hour rate: Bbl oil: 235 Mcf Gas: 0 Bbl H2O: 90 GOR: 0
Test Method: Flowing Casing PSI: 635 Tubing PSI: 515 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1333 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5949 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:

Swell Packers were used to complete this well. Swell packer diagram attached.

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
400351430	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)