

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: 400257912 Date Received: 03/07/2012

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: Brady Riley Phone: (303) 312-8115 Fax:

5. API Number 05-123-26149-00 6. County: WELD 7. Well Name: WINDER Well Number: 11-15 8. Location: QtrQtr: NWNW Section: 15 Township: 6N Range: 67W Meridian: 6 9. Field Name: SEVERANCE Field Code: 77030

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: Treatment Date: 02/20/2012 End Date: Date of First Production this formation: 10/02/2007 Perforations Top: 7050 Bottom: 7380 No. Holes: 140 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: []

Refrac'd with: 2000 gals of 15% HCl; 3915.2 bbls 3% KCl Water; 232,172 lbs. White Sand 20/40

This formation is commingled with another formation: [] Yes [X] 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: 02/27/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 3 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3 Bbl H2O: 0 GOR: 0 Test Method: flowing Casing PSI: 600 Tubing PSI: 490 Choke Size: 64/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 662 API Gravity Oil: 52 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7334 Tbg setting date: 11/13/2007 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:

This is a revised 5A; BBC re-frac'd within the existing perforations of these formations.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Brady Riley

Title: Permit Analyst Date: 3/7/2012 Email: briley@billbarrettcorp.com
:

Attachment Check List

Att Doc Num	Name
400257912	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	added tubing size: 2-3/8", depth 7334' & date 11/13/2007 per operator.	3/23/2012 3:49:00 PM

Total: 1 comment(s)