

FORM  
5ARev  
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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Document Number:

400442265

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: 10091  
 2. Name of Operator: BERRY PETROLEUM COMPANY  
 3. Address: 1999 BROADWAY STE 3700  
 City: DENVER State: CO Zip: 80202  
 4. Contact Name: HEIDI BANG  
 Phone: (303) 999-4262  
 Fax: (303) 999-4362

5. API Number 05-045-14974-00  
 6. County: GARFIELD  
 7. Well Name: SCHOOL HOUSE POINT OM  
 Well Number: 10B K15 696  
 8. Location: QtrQtr: NESW Section: 15 Township: 6S Range: 96W Meridian: 6  
 9. Field Name: Field Code:

## Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:  
 Treatment Date: End Date: Date of First Production this formation: 10/14/2008  
 Perforations Top: 7967 Bottom: 9979 No. Holes: 116 Hole size:  
 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): 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: 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: 2 + 3/8 Tubing Setting Depth: 4761 Tbg setting date: 03/18/2013 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 Form 5A due to tubing repair done on 3/18/2013. During operations, tubing parted and we ended up with a fish in hole (Fish top @ 4794')

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

Signed: \_\_\_\_\_ Print Name: HEIDI BANG

Title: REG COMPLIANCE ASSISTANT Date: \_\_\_\_\_ Email HSB@BRY.COM  
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### **Attachment Check List**

Att Doc Num	Name
400442302	WELLBORE DIAGRAM

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)