

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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Document Number:

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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: Christina Hirtler
Phone: (303) 312-8597
Fax:

5. API Number 05-123-34227-00
6. County: WELD
7. Well Name: ANSCHUTZ WINDMILL
Well Number: 07-26H
8. Location: QtrQtr: NWNW Section: 26 Township: 5N Range: 62W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 08/31/2013 End Date: 09/01/2013 Date of First Production this formation: 09/07/2013
Perforations Top: 6539 Bottom: 10870 No. Holes: 486 Hole size: 0.44
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): 51133 Max pressure during treatment (psi): 7870
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):
Total acid used in treatment (bbl): Number of staged intervals: 18
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 5113 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3842569 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/09/2013 Hours: 24 Bbl oil: 1022 Mcf Gas: 1118 Bbl H2O: 35
Calculated 24 hour rate: Bbl oil: 1022 Mcf Gas: 1118 Bbl H2O: 35 GOR: 1094
Test Method: Flowing Casing PSI: 0 Tubing PSI: 0 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1 API Gravity Oil: 52
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6217 Tbg setting date: 09/20/2013 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:

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

Signed: _____

Print Name: Christina Hirtler

Title: Permit Analyst

Date: _____

Email: chirtler@billbarrettcorp.com

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Attachment Check List

Att Doc Num

Name

400492071

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)