

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: 400501832

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, reoperation 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 05-123-34996-00
6. County: WELD
7. Well Name: Greasewood Well Number: 07-17H
8. Location: QtrQtr: NWNW Section: 17 Township: 6N Range: 61W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/20/2013 End Date: 09/23/2013 Date of First Production this formation: 10/09/2013

Perforations Top: 6932 Bottom: 6228 No. Holes: 486 Hole size: 0.44

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

351,906 lbs 40/70 sand - 3,319,395 lbs 20/40 sand - 21,760 bbls of Slickwater

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

Total fluid used in treatment (bbl): 54864 Max pressure during treatment (psi): 9867

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): 0 Number of staged intervals: 18

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 13154

Fresh water used in treatment (bbl): 54864 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3671301 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/10/2013 Hours: 24 Bbl oil: 437 Mcf Gas: 1196 Bbl H2O: 628

Calculated 24 hour rate: Bbl oil: 437 Mcf Gas: 1196 Bbl H2O: 628 GOR: 2737

Test Method: Flowing Casing PSI: 5 Tubing PSI: 343 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1 API Gravity Oil: 52

Tubing Size: 2 + 7/8 Tubing Setting Depth: 16046 Tbg setting date: 09/28/2013 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: Chrisitna Hirtler
Title: Permit Analyst Date: _____ Email: chirtler@billbarrettcorp.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400501837	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)