

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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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: Christina Hirtler
 2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8597
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
 City: DENVER State: CO Zip: 80202 Email: chirtler@billbarrettcorp.com

5. API Number 05-123-38211-00 6. County: WELD
 7. Well Name: Kunsemiller Well Number: 5-61-21-0108BH
 8. Location: QtrQtr: NWNW Section: 21 Township: 5N Range: 61W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/05/2014 End Date: 03/07/2014 Date of First Production this formation: 03/15/2014

Perforations Top: 6555 Bottom: 10084 No. Holes: 675 Hole size: 44/100

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

25 Stage Frac: 376,431 lbs of 40/70 White sand, 3,982,895 lbs of 20/40 Sand, 20,704 bbls of Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 61430 Max pressure during treatment (psi): 7722

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.83

Total acid used in treatment (bbl): _____ Number of staged intervals: 25

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 10381

Fresh water used in treatment (bbl): 61430 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4359326 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/22/2014 Hours: 24 Bbl oil: 775 Mcf Gas: 304 Bbl H2O: 310

Calculated 24 hour rate: Bbl oil: 775 Mcf Gas: 304 Bbl H2O: 310 GOR: 392

Test Method: Flowing Casing PSI: 860 Tubing PSI: 250 Choke Size: 34/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1289 API Gravity Oil: 52

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5598 Tbg setting date: 03/16/2014 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:

Form 42, fracturing treatment date was reported 2/27/2014; actual treatment start date was 3/5/2014.

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
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400588060	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)