

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: 400594483

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 05-123-37993-00 6. County: WELD
 7. Well Name: 70 Ranch Well Number: 4-63-3-4841CH
 8. Location: QtrQtr: NWSW Section: 3 Township: 4N Range: 63W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/22/2014 End Date: 03/23/2014 Date of First Production this formation: 04/01/2014

Perforations Top: 6722 Bottom: 10889 No. Holes: 486 Hole size: 44/100

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

18 Stage Frac, 373,550 lbs of 40/70 White sand, 3,738,632 lbs of 20/40 white sand, 20,562 bbls of Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 57807 Max pressure during treatment (psi): 5159

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: 18

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

Fresh water used in treatment (bbl): 57807 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4112182 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/09/2014 Hours: 24 Bbl oil: 519 Mcf Gas: 702 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 519 Mcf Gas: 702 Bbl H2O: 0 GOR: 1353

Test Method: Flowing Casing PSI: 0 Tubing PSI: 320 Choke Size: 38/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1293 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6456 Tbg setting date: 04/07/2014 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:

Fracture Treatment on form 42 is 3/18/2014; actual fracture treatment start date is 3/22/2014.

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

Signed: _____ Print Name: Chritina Hirtler

Title: Permit Analyst Date: _____ Email: chirtler@billbarrettcorp.com
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Attachment Check List

Att Doc Num **Name**

400594535	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)