

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:

400611991

Date Received:

05/20/2014

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: Brady Riley
 2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8115
 3. Address: 1099 18TH ST STE 2300 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: briley@billbarrettcorp.com

5. API Number 05-083-06628-00 6. County: MONTEZUMA
 7. Well Name: KOSKIE-BRUMLEY DRAW Well Number: 1
 8. Location: QtrQtr: SWSW Section: 27 Township: 38N Range: 16W Meridian: N
 9. Field Name: PEDRO Field Code: 68258

Completed Interval

FORMATION: HERMOSA Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 01/31/2007
 Perforations Top: 5630 Bottom: 5753 No. Holes: 134 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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: THIS WELL HAS NO PRODUCTION EQUIPMENT. Well is SI with a 7 1/16" 5,000 psi wellhead valve. Another bridge plug set at 5536'

Date formation Abandoned: 11/09/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5526 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

PASSED MIT IN 11/9/10. TA STATUS REQUESTED UNTIL 11/2015.

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

Signed: _____ Print Name: Brady Riley

Title: Permit Analyst Date: 5/20/2014 Email briley@billbarrettcorp.com
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Attachment Check List

Att Doc Num **Name**

2519549	WELLBORE DIAGRAM
400611991	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

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

Permit	Requested wellbore diagram	12/4/2014 1:58:14 PM
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Total: 1 comment(s)