

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:

400802211

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: Mary Pobuda
Phone: (303) 312-8511
Fax: (303) 291-0420
Email: mpobuda@billbarrettcorp.com

5. API Number 05-123-39416-00
6. County: WELD
7. Well Name: Ruh
Well Number: 6-62-11-0461BH2
8. Location: QtrQtr: NENW Section: 11 Township: 6N Range: 62W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/28/2014 End Date: 01/08/2015 Date of First Production this formation: 02/09/2015

Perforations Top: 7038 Bottom: 16037 No. Holes: 1440 Hole size: 37/100

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

40 stage frac with 901,520 lbs of 40/70 sand and 11,164,980 lbs of 20/40 sand and 194,053 bbls total fluid.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 194053

Max pressure during treatment (psi): 8769

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): 0.79

Total acid used in treatment (bbl): _____

Number of staged intervals: 40

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 14644

Fresh water used in treatment (bbl): 194053

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 12066500

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/17/2015 Hours: 24 Bbl oil: 73 Mcf Gas: 32 Bbl H2O: 533

Calculated 24 hour rate: Bbl oil: 73 Mcf Gas: 32 Bbl H2O: 533 GOR: 441

Test Method: Flowing Casing PSI: 900 Tubing PSI: 530 Choke Size: 15/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1362 API Gravity Oil: 39

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6386 Tbg setting date: 01/13/2015 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: Mary Pobuda

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

Att Doc Num **Name**

400802211	FORM 5A SUBMITTED
400803635	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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Total: 0 comment(s)