

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:

400814031

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: 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 05-123-39087-00 6. County: WELD
 7. Well Name: Anschutz Equus Farms Well Number: 4-62-16-0857CH
 8. Location: QtrQtr: NENE Section: 16 Township: 4N Range: 62W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 01/08/2015 End Date: 02/24/2015 Date of First Production this formation: 03/30/2015Perforations Top: 6627 Bottom: 10614 No. Holes: 900 Hole size: 37/100Provide a brief summary of the formation treatment: Open Hole: ☐25 STAGES FRAC WITH 354,618 LBS OF 40/70 SAND AND 4,769,649 LBS OF 20/40 SAND AND 77905 BBLS TOTAL FLUIDThis formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 77905Max pressure during treatment (psi): 8222

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): 0.96

Total acid used in treatment (bbl): _____

Number of staged intervals: 25

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 7478Fresh water used in treatment (bbl): 77905Disposition method for flowback: DISPOSALTotal proppant used (lbs): 5124267Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/19/2015 Hours: 24 Bbl oil: 138 Mcf Gas: 99 Bbl H2O: 270
 Calculated 24 hour rate: Bbl oil: 138 Mcf Gas: 99 Bbl H2O: 270 GOR: 716
 Test Method: flowing Casing PSI: 843 Tubing PSI: 500 Choke Size: 19/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 99 API Gravity Oil: 39
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6377 Tbg setting date: 03/02/2015 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: Brady Riley

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

Att Doc Num Name

400814033	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)