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| 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 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | Document Number: 400594483 Date Received: 04/24/2014 | | | | |
| 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. | | | | | | | |

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| 1. OGCC Operator Number: <u>10071</u> 2. Name of Operator: <u>BARRETT CORPORATION* BILL</u> 3. Address: <u>1099 18TH ST STE 2300</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | 4. Contact Name: <u>Christina Hirtler</u> Phone: <u>(303) 312-8597</u> Fax: <u>(303) 291-0420</u> Email: <u>chirtler@billbarrettcorp.com</u> |
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| 5. API Number <u>05-123-37993-00</u> 7. Well Name: <u>70 Ranch</u> 8. Location: QtrQtr: <u>NWSW</u> Section: <u>3</u> Township: <u>4N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | 6. County: <u>WELD</u> Well Number: <u>4-63-3-4841CH</u> Range: <u>63W</u> Meridian: <u>6</u> |
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Completed Interval

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|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------|
| FORMATION: <u>NIOBRARA</u> | Status: <u>PRODUCING</u> | Treatment Type: <u>FRACTURE STIMULATION</u> |
| Treatment Date: <u>03/22/2014</u> | End Date: <u>03/23/2014</u> | Date of First Production this formation: <u>04/01/2014</u> |
| Perforations Top: <u>6722</u> | Bottom: <u>10889</u> | No. Holes: <u>486</u> Hole size: <u>44/100</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input checked="" type="checkbox"/> |
| 18 Stage Frac, 373,550 lbs of 40/70 White sand, 3,738,632 lbs of 20/40 white sand, 57807 bbls of total fluid | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Total fluid used in treatment (bbl): <u>57807</u> | Max pressure during treatment (psi): <u>5159</u> | |
| Total gas used in treatment (mcf): _____ | Fluid density at initial fracture (lbs/gal): <u>8.34</u> | |
| Type of gas used in treatment: _____ | Min frac gradient (psi/ft): <u>0.83</u> | |
| Total acid used in treatment (bbl): _____ | Number of staged intervals: <u>18</u> | |
| Recycled water used in treatment (bbl): _____ | Flowback volume recovered (bbl): _____ | |
| Fresh water used in treatment (bbl): <u>57807</u> | Disposition method for flowback: <u>DISPOSAL</u> | |
| Total proppant used (lbs): <u>4112182</u> | Rule 805 green completion techniques were utilized: <input type="checkbox"/> | |
| Reason why green completion not utilized: _____ | | |

Fracture stimulations must be reported on FracFocus.org

Test Information:

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|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|----------------------------|-------------------|
| Date: <u>04/09/2014</u> | Hours: <u>24</u> | Bbl oil: <u>519</u> | Mcf Gas: <u>702</u> | Bbl H2O: <u>0</u> |
| Calculated 24 hour rate: | Bbl oil: <u>519</u> | Mcf Gas: <u>702</u> | Bbl H2O: <u>0</u> | GOR: <u>1353</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>0</u> | Tubing PSI: <u>320</u> | Choke Size: <u>38/64</u> | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>DRY</u> | Btu Gas: <u>1293</u> | API Gravity Oil: <u>52</u> | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>6456</u> | Tbg setting date: <u>04/07/2014</u> | Packer Depth: _____ | |
| Reason for Non-Production: | | | | |
| Date formation Abandoned: _____ | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 4/24/2014 Email: chirtler@billbarrettcorp.com
:

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|--------------------|
| 400594483 | FORM 5A SUBMITTED |
| 400594535 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|--------------------------------------------------------------------------------|----------------------------|
| Permit | Stated slickwater and freshwater used does not equal stated total fluids used. | 6/22/2015 9:27:13 AM |

Total: 1 comment(s)