

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:

400940040

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: Tracey Fallang
Phone: (303) 312-8134
Fax: (303) 291-0420
Email: tfallang@billbarrettcorp.com

5. API Number 05-123-22795-00
6. County: WELD
7. Well Name: WINZENREID
Well Number: 13-23
8. Location: QtrQtr: NWSW Section: 23 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 05/02/2012 End Date: 05/03/2012 Date of First Production this formation: 05/09/2012
Perforations Top: 6850 Bottom: 7062 No. Holes: 36 Hole size: 0
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: _____
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:

This 5A is being submitted for the sole purpose of correcting the Date of First Production submitted on the previous 5A (document no 400287327). The date of first production for the Niobrara was incorrectly submitted as 4/11/06 and should have been 5/9/2012. No other changes are necessary.

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

Signed: _____ Print Name: Tracey Fallang

Title: Regulatory Manager Date: _____ Email tfallang@billbarrettcorp.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)