

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 ATT City: DENVER State: CO Zip: 80202 4. Contact Name: ELAINE WINICK Phone: (303) 293-9100 Fax: (303) 291-0420 Email: ewinick@billbarrettcorp.com

5. API Number 05-045-17928-00 6. County: GARFIELD 7. Well Name: GGU MILLER Well Number: 44A-31-691 8. Location: QtrQtr: SESE Section: 31 Township: 6S Range: 91W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: Treatment Date: 11/06/2009 End Date: Date of First Production this formation: 11/20/2009 Perforations Top: 6705 Bottom: 6824 No. Holes: 22 Hole size: 3/10

Provide a brief summary of the formation treatment: Open Hole: 117400 LBS 20-40 SAMD. 14500 LBS SLC 20-40, 6123 BBLS SLICKWATER

This formation is commingled with another formation: [X] 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: 11/30/2009 Hours: 24 Bbl oil: 0 Mcf Gas: 68 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 68 Bbl H2O: 0 GOR: 0 Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 950 Choke Size: 24/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1110 API Gravity Oil: Tubing Size: 2 + 3/8 Tubing Setting Depth: 5867 Tbg setting date: 11/28/2009 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.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:

Treatment Date: 11/09/2009 End Date: Date of First Production this formation: 11/20/2009

Perforations Top: 4946 Bottom: 6678 No. Holes: 190 Hole size: 3/10

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

1078800 LBS 20-40 SAND, 121600 LBS SLC 20-40, 54561 BB;S SLICKWATER

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: 11/30/2009 Hours: 24 Bbl oil: 31 Mcf Gas: 1290 Bbl H2O: 407

Calculated 24 hour rate: Bbl oil: 31 Mcf Gas: 1290 Bbl H2O: 408 GOR: 42157

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 950 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1110 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5867 Tbg setting date: 11/28/2009 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:

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

Signed: Y Print Name: MATT BARBER

Title: PERMIT ANALYST Date: 2/16/2010 Email MBARBER@BILLBARRETTCORP.COM

Attachment Check List

Table with columns Att Doc Num and Name

Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, Comment Date

Total: 0 comment(s)