

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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Date Received:

02/16/2010

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

7. Well Name: GGU MILLER

8. Location: QtrQtr: SESE Section: 31 Township: 6S Range: 91W Meridian: 6

9. Field Name: Field Code:

6. County: GARFIELD

Well Number: 44A-31-691

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: ☒ 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**

**Att Doc Num Name**

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Total Attach: 0 Files

**General Comments**

**User Group Comment Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)