

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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Date Received:

12/09/2009

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: 10091 4. Contact Name: JANNI KEIDEL
 2. Name of Operator: BERRY PETROLEUM COMPANY Phone: (303) 999-4400
 3. Address: 1999 BROADWAY STE 3700 AT Fax: (303) 999-4401
 City: DENVER State: CO Zip: 80202 Email: _____

5. API Number 05-045-13688-00 6. County: GARFIELD
 7. Well Name: LATHAM Well Number: 32-31D
 8. Location: QtrQtr: NWNW Section: 32 Township: 5S Range: 96W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: _____
 Treatment Date: 10/14/2009 End Date: _____ Date of First Production this formation: 10/30/2009
 Perforations Top: 7838 Bottom: 9503 No. Holes: 180 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

WELL WAS FRAC'D IN 6 STAGES USING 41,672 BBLS SLICKWATER 7 772,608# 30/50 WHITE SAND.

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: 10/30/2009 Hours: 24 Bbl oil: 0 Mcf Gas: 1351 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1351 Bbl H2O: 0 GOR: 0
 Test Method: FLOWING Casing PSI: 1550 Tubing PSI: 1275 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 9175 Tbg setting date: 11/24/2009 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:

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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: Y

Print Name: JANNI KEIDEL

Title: PERMITTING AGENT

Date: 12/2/2009

Email: JEK@BRY.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

		Stamp Upon Approval
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Total: 0 comment(s)