

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 1948411

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
2. Name of Operator: BERRY PETROLEUM COMPANY
3. Address: 1999 BROADWAY STE 3700 AT
City: DENVER State: CO Zip: 80202
4. Contact Name: JANNI KEIDEL
Phone: (303) 999-4400
Fax: (303) 999-4401
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 [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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:

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**

<u>Att Doc Num</u>	<u>Name</u>

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