

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401298085 Date Received:				
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: <u>10071</u> 2. Name of Operator: <u>BARRETT CORPORATION* BILL</u> 3. Address: <u>1099 18TH ST STE 2300</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>BRADY RILEY</u> Phone: <u>(303) 3128115</u> Fax: _____ Email: <u>BRILEY@BILLBARRETTCORP.COM</u>
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5. API Number <u>05-123-39315-00</u> 7. Well Name: <u>RUH</u> 8. Location: QtrQtr: <u>NWNE</u> Section: <u>11</u> Township: <u>6N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>6-62-11-0560B2</u> Range: <u>62W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>03/19/2017</u>	End Date: <u>05/01/2017</u>	Date of First Production this formation: <u>05/26/2017</u>
Perforations Top: <u>6770</u>	Bottom: <u>15971</u>	No. Holes: <u>2772</u> Hole size: <u>37/100</u>

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

77 STAGE FRAC WITH 10,808,409 LBS OF LBS 20/40 SAND, 1,214,036 LBS 100# MESH, 167,238 BBLS FRESH WATER, 940 BBLS 15% HCL ACID, AND 168,178 BBLS TOTAL FLUID (ACID+FRESH WATER)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>168178</u>	Max pressure during treatment (psi): <u>9135</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.91</u>
Total acid used in treatment (bbl): <u>940</u>	Number of staged intervals: <u>77</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>13567</u>
Fresh water used in treatment (bbl): <u>167238</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>12022445</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>06/13/2017</u>	Hours: <u>24</u>	Bbl oil: <u>23</u>	Mcf Gas: <u>47</u>	Bbl H2O: <u>353</u>
Calculated 24 hour rate:	Bbl oil: <u>23</u>	Mcf Gas: <u>47</u>	Bbl H2O: <u>353</u>	GOR: <u>441</u>
Test Method: <u>flowing</u>	Casing PSI: <u>996</u>	Tubing PSI: <u>571</u>	Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1362</u>	API Gravity Oil: <u>36</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6517</u>	Tbg setting date: <u>05/23/2017</u>	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:

DUE TO A DELAY IN THE COMPLETIONS SCHEDULE FOR THIS WELL, THE TOPZ SUBMITTED WITH THE FINAL FORM 5 WERE ESTIMATES (SEE ATTACHED CORRESPONDENCE FOR DETAILS AND SUBMITTED FINAL FORM 5). BBC ACTUAL TOPZ IS 6770 FEET, SAME AS REPORTED ON THE FINAL FORM 5 AS WE WERE ABLE TO FOLLOW OUR FRAC DESIGN SO NO CHANGE IS NEEDED TO THE TOPZ FOOTAGES

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

Signed: _____

Print Name: BRADY RILEY

Title: PERMIT ANALYST

Date: _____

Email BRILEY@BILLBARRETTCORP.COM

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Attachment Check List

Att Doc Num

Name

401300267

WELLBORE DIAGRAM

401300283

CORRESPONDENCE

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)