

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2554905

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 4. Contact Name: TRACEY FALLANG
 2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8134
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-17422-00 6. County: GARFIELD
 7. Well Name: DOMMER Well Number: 33A-26-692
 8. Location: QtrQtr: NWSE Section: 26 Township: 6S Range: 92W Meridian: 6

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
 Treatment Date: 04/10/2010 Date of First Production this formation: 04/15/2010
 Perforations Top: 7242 Bottom: 7282 No. Holes: 10 Hole size: 30/100
 Provide a brief summary of the formation treatment: Open Hole:
14600 LBS 20-40 SAND, 1600 LBS SLC 20-40, 754 BBLs SLICKWATER.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 67 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 67 Bbls H2O: 0 GOR: 0
 Test Method: FLOWING Casing PSI: 1590 Tubing PSI: 1120 Choke Size: 24
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1140 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6245 Tbg setting date: 05/10/2010 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: _____

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 04/10/2010 Date of First Production this formation: 04/15/2010

Perforations Top: 5186 Bottom: 7106 No. Holes: 158 Hole size: 30/100

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

1234800 LBS 20-40 SAND, 128000 LBS SLC 20-40, 62918 BBLs SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/17/2010 Hours: 24 Bbls oil: 31 Mcf Gas: 1287 Bbls H2O: 103

Calculated 24 hour rate: _____ Bbls oil: 31 Mcf Gas: 1287 Bbls H2O: 103 GOR: 41915

Test Method: FLOWING Casing PSI: 1590 Tubing PSI: 1120 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1140 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6245 Tbg setting date: 05/10/2010 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: _____

Comment: _____

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

Signed: _____ Print Name: TRACEY FALLANG

Title: PERMIT ANALYST Date: 5/26/2010 Email TFALLANG@BILLBARRETTCORP.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Nashin Director of COGCC Date: 8/27/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554905	FORM 5A SUBMITTED	LF@2501669 2554905
2554906	WELLBORE DIAGRAM	LF@2501670 2554906

Total Attach: 2 Files