

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



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Document Number:

2554905

**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 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: <u>ROLLINS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/10/2010</u>		Date of First Production this formation: <u>04/15/2010</u>	
Perforations	Top: <u>7242</u> Bottom: <u>7282</u>	No. Holes: <u>10</u>	Hole size: <u>30/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>14600 LBS 20-40 SAND, 1600 LBS SLC 20-40, 754 BBLS SLICKWATER.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>05/17/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>67</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>67</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1590</u>	Tubing PSI: <u>1120</u>	Choke Size: <u>24</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1140</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6245</u>	Tbg setting date: <u>05/10/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

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. Neslin 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