

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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COMPLETED INTERVAL REPORT

Document Number:

2555167

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 05-045-18639-00 6. County: GARFIELD  
 7. Well Name: KAUFMAN Well Number: 32B-25-692  
 8. Location: QtrQtr: NESW Section: 25 Township: 6S Range: 92W Meridian: 6

Completed Interval

FORMATION: ROLLINS Status: PRODUCING  
 Treatment Date: 03/22/2010 Date of First Production this formation: 03/23/2010  
 Perforations Top: 7500 Bottom: 7588 No. Holes: 6 Hole size: 30/100  
 Provide a brief summary of the formation treatment: Open Hole:   
16200 LBS 20-40 SAND, 1800 LBS SLC 20-40, 842 BBLs SLICKWATER  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 04/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 111 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 111 Bbls H2O: 0 GOR: 0  
 Test Method: FLOWING Casing PSI: 1380 Tubing PSI: 1360 Choke Size: 24  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6501 Tbg setting date: 04/11/2010 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: 03/22/2010 Date of First Production this formation: 03/23/2010

Perforations Top: 5427 Bottom: 7460 No. Holes: 186 Hole size: 30/100

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

1180800 LBS 20-40 SAND, 131200 LBS SLC 20-40, 61358 BBLs SLICKWATER

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 04/19/2010 Hours: 24 Bbls oil: 42 Mcf Gas: 2101 Bbls H2O: 110

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 42 Mcf Gas: 2101 Bbls H2O: 110 GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 1380 Tubing PSI: 1360 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6501 Tbg setting date: 04/11/2010 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 FALLANGE

Title: PERMIT ANALYST Date: 6/1/2010 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: 9/27/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555167	FORM 5A SUBMITTED	LF@2503101 2555167
2555168	WELLBORE DIAGRAM	LF@2503102 2555168

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date
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