

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:

2555216

**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 05-045-18641-00 6. County: GARFIELD  
7. Well Name: KAUFMAN Well Number: 23D-25-692  
8. Location: QtrQtr: NESW Section: 25 Township: 6S Range: 92W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

|   |  |
|---|--|
| FORMATION: <u>ROLLINS</u>   | Status: <u>PRODUCING</u>                                   |
| Treatment Date: <u>03/23/2010</u>   | Date of First Production this formation: <u>03/27/2010</u> |
| Perforations Top: <u>7092</u> Bottom: <u>7182</u>   | No. Holes: <u>6</u> Hole size: <u>30/100</u>               |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>                        |
| <u>11000 LBS 20-40 SAND, 1200 LBS SLC 20-40, 576 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>04/20/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>75</u> Bbls H2O: <u>0</u>                                   |  |
| Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>75</u> Bbls H2O: <u>0</u> GOR: <u>0</u>                                     |  |
| Test Method: <u>FLOWING</u> Casing PSI: <u>1490</u> Tubing PSI: <u>1120</u> Choke Size: <u>24/64</u>                                |  |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1080</u> API Gravity Oil: _____                                       |  |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5969</u> Tbg setting date: <u>04/11/2010</u> Packer Depth: _____               |  |
| Reason for Non-Production: _____  |  |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ |  |
| Bridge Plug Depth: _____ Sacks cement on top: _____   |  |

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 03/23/2010 Date of First Production this formation: 03/27/2010

Perforations Top: 4728 Bottom: 7050 No. Holes: 208 Hole size: 30/100

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

1350000 LBS 20-40 SAND, 148100 LBS SLC 20-40, 69232 BBLS SLICKWATER.

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: 04/20/2010 Hours: 24 Bbls oil: 28 Mcf Gas: 1426 Bbls H2O: 138

Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 1426 Bbls H2O: 138 GOR: 50928

Test Method: FLOWING Casing PSI: 1490 Tubing PSI: 1120 Choke Size: 24 + 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1080 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5969 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 FALLANG

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. Neslin Director of COGCC Date: 10/15/2010

**Attachment Check List**

| Att Doc Num | Name              | Doc Description    |
|-------------|-------------------|--------------------|
| 2555216     | FORM 5A SUBMITTED | LF@2503162 2555216 |
| 2555217     | WELLBORE DIAGRAM  | LF@2503163 2555217 |

Total Attach: 2 Files

**General Comments**

| User Group | Comment                     | Comment Date            |
|------------|-----------------------------|-------------------------|
| Permit     | WELL BORE DIAGRAM ATTACHED. | 9/22/2010<br>1:17:48 PM |

Total: 1 comment(s)