

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:

2555216

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

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: ROLLINS Status: PRODUCING

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

Perforations Top: 7092 Bottom: 7182 No. Holes: 6 Hole size: 30/100

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

11000 LBS 20-40 SAND, 1200 LBS SLC 20-40, 576 BBLs SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/20/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 75 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 75 Bbls H2O: 0 GOR: 0

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

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

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: _____

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. Noshin 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 1:17:48 PM

Total: 1 comment(s)