

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:

2071399

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: 18600 4. Contact Name: ANTHONY P. TRINKO
2. Name of Operator: COLORADO INTERSTATE GAS COMPANY Phone: (719) 520-4557
3. Address: P O BOX 1087 Fax: (719) 667-7739
City: COLORADO SPRIN State: CO Zip: 80944

5. API Number 05-001-09728-00 6. County: ADAMS
7. Well Name: TOTEM Well Number: 7
8. Location: QtrQtr: NESE Section: 8 Township: 2S Range: 62W Meridian: 6
9. Field Name: TOTEM Field Code: 83000

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>09/20/2010</u>	Date of First Production this formation: _____
Perforations Top: _____ Bottom: _____	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
<u>GAS STORAGE USE</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: <u>5 + 1/2</u>	Tubing Setting Depth: <u>4408</u> Tbg setting date: <u>09/20/2010</u> Packer Depth: <u>4396</u>
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: _____	

Comment:

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

Signed: _____ Print Name: ELAINE WINICK

Title: PERMIT ANALYST Date: 9/28/2010 Email EWINICK@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 G. Neslin
Director of COGCC

Date: 12/22/2010

Attachment Check List

Att Doc Num	Name
2071399	FORM 5A SUBMITTED
2071400	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)