

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:

2071399

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

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: J SAND Status: SHUT IN
Treatment Date: 09/20/2010 Date of First Production this formation:
Perforations Top: Bottom: No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]
GAS STORAGE USE
This formation is commingled with another formation: [] Yes [X] 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: 5 + 1/2 Tubing Setting Depth: 4408 Tbg setting date: 09/20/2010 Packer Depth: 4396
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: 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 S. 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)