

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:

400132412

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: Valerie Walker
 2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8531
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-19212-00 6. County: GARFIELD
 7. Well Name: GGU FEDERAL Well Number: 33C-28-691
 8. Location: QtrQtr: SENW Section: 28 Township: 6S Range: 91W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
 Treatment Date: 10/21/2010 Date of First Production this formation: 11/19/2010
 Perforations Top: 7772 Bottom: 7836 No. Holes: 12 Hole size: 0.3
 Provide a brief summary of the formation treatment: Open Hole:
Treated with Williams Fork, see Williams Fork treatment
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 49 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 49 Bbls H2O: 0 GOR: _____
 Test Method: Flowing Casing PSI: 1300 Tubing PSI: 1000 Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1171 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6635 Tbg setting date: 11/05/2010 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: 10/21/2010 Date of First Production this formation: 11/06/2010

Perforations Top: 5418 Bottom: 7734 No. Holes: 186 Hole size: 0.3

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

175,100 lbs CRC Sand, 1,615,403 lbs White Sand, 84223 bbls Slick water

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/19/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 937 Bbls H2O: 224

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 937 Bbls H2O: 224 GOR: _____

Test Method: Flowing Casing PSI: 1300 Tubing PSI: 1000 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1171 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6635 Tbg setting date: 11/05/2010 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:

Williams Fork treatment dates 10/21/2010 thru 11/2/2010

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

Signed: _____ Print Name: Valerie A. Walker

Title: Permit Analyst Date: _____ Email vwalker@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)