

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:

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**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: 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 05-045-19215-00 6. County: GARFIELD  
7. Well Name: GGU FEDERAL Well Number: 22A-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: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/03/2011</u>	Date of First Production this formation: <u>01/19/2011</u>
Perforations Top: <u>7325</u> Bottom: <u>7438</u>	No. Holes: <u>16</u> Hole size: <u>0.3</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>TREATED WITH WILLIAM FORK, SEE WILLIAMS FORK TREATMENT</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>01/19/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>35</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>35</u> Bbls H2O: <u>0</u> GOR: <u></u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1050</u> Tubing PSI: <u>700</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1158</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6225</u> Tbg setting date: <u>01/16/2011</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 01/03/2011 Date of First Production this formation: 01/19/2011

Perforations Top: 4992 Bottom: 7289 No. Holes: 158 Hole size: 0.3

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

158,200 lbs CRC Sand, 1,417,988 lbs White Sand, 72,881 bbls slick water

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

**Test Information:**

Date: 01/27/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 668 Bbls H2O: 176

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 668 Bbls H2O: 176 GOR: 44533

Test Method: flowing Casing PSI: 1050 Tubing PSI: 700 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1158 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6225 Tbg setting date: 01/16/2011 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 1/3/2011 thru 1/13/2011

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

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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**

User Group	Comment	Comment Date

Total: 0 comment(s)