

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:

2590501

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: ELAINE WINICK
Phone: (303) 312-8168
Fax: (303) 291-0420

5. API Number 05-083-06674-00
6. County: MONTEZUMA
7. Well Name: ROSE Well Number: 2S-29-38-16
8. Location: QtrQtr: NWNE Section: 29 Township: 38N Range: 16W Meridian: N
9. Field Name: PEDRO Field Code: 68258

Completed Interval

FORMATION: GOTHIC SHALE Status: PRODUCING

Treatment Date: 07/18/2010 Date of First Production this formation: 08/04/2010

Perforations Top: 6004 Bottom: 10116 No. Holes: 498 Hole size: 3 + 1/8

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

FRACTURE TREATED WELL IN 14 STAGES WITH 7,957,240 # 40/70 WHITE SAND AND 225,332 BBLs FLUID.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/14/2010 Hours: 24 Bbls oil: 8 Mcf Gas: 651 Bbls H2O: 241

Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 651 Bbls H2O: 241 GOR: 81375

Test Method: FLOWING Casing PSI: 819 Tubing PSI: 330 Choke Size: 38

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1204 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6048 Tbg setting date: 09/29/2010 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: ELAINE WINICK

Title: PERMIT ANALYST Date: 10/22/2010 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: 2/18/2011

Attachment Check List

Att Doc Num	Name
2590501	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)