

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:

2517223

**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: ELAINE WINICK  
2. Name of Operator: BARRETT CORPORATION\* BILL Phone: (303) 312-8168  
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18574-00 6. County: GARFIELD  
7. Well Name: SPECIALTY Well Number: 23D-21-692  
8. Location: QtrQtr: NWSW Section: 21 Township: 6S Range: 92W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/25/2010</u>	Date of First Production this formation: <u>08/02/2010</u>
Perforations Top: <u>7425</u> Bottom: <u>7427</u>	No. Holes: <u>4</u> Hole size: <u>30/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>TREATED WITH WILLIAMS FORK, SEE WILLIAMS FORK TREATMENT SUMMARY</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>08/16/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>59</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>59</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1200</u> Tubing PSI: <u>800</u> Choke Size: <u>0</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1100</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6408</u> Tbg setting date: <u>08/05/2010</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: 07/25/2010 Date of First Production this formation: 08/02/2010

Perforations Top: 5411 Bottom: 7328 No. Holes: 174 Hole size: 30/100

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

145600 LBS CRC SAND, 1309800 LBS WHITE SAND, 65776 LBS SLICKWATER

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

**Test Information:**

Date: 08/16/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 1188 Bbls H2O: 177

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 1188 Bbls H2O: 177 GOR: 79200

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 800 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1100 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6408 Tbg setting date: 08/05/2010 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:

\_\_\_\_\_

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: 10/4/2010 Email EWINICK@BILLBARRETTCORP.COM

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**Attachment Check List**

Att Doc Num	Name
2517223	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Well bore diagram (no perfs shown) is attached to doc # 2577288.	2/25/2011 8:22:00 AM

Total: 1 comment(s)