


| | | | | | | | | | | | |
|---|--|---|--|---------------------------------------|-------------------------------------|---|--------------------------------|--|----------------------------|---|--|
| 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 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-size: 1.2em;">2591559</div> | DE | ET | OE | ES | | | | |
| DE | ET | OE | ES | | | | | | | | |
| 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. | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>10071</u></td> <td style="width: 50%;">4. Contact Name: <u>BRADY RILEY</u></td> </tr> <tr> <td>2. Name of Operator: <u>BARRETT CORPORATION* BILL</u></td> <td>Phone: <u>(303) 312-8115</u></td> </tr> <tr> <td>3. Address: <u>1099 18TH ST STE 2300</u></td> <td>Fax: <u>(303) 291-0420</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u></td> <td></td> </tr> </table> | | | | 1. OGCC Operator Number: <u>10071</u> | 4. Contact Name: <u>BRADY RILEY</u> | 2. Name of Operator: <u>BARRETT CORPORATION* BILL</u> | Phone: <u>(303) 312-8115</u> | 3. Address: <u>1099 18TH ST STE 2300</u> | Fax: <u>(303) 291-0420</u> | City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | |
| 1. OGCC Operator Number: <u>10071</u> | 4. Contact Name: <u>BRADY RILEY</u> | | | | | | | | | | |
| 2. Name of Operator: <u>BARRETT CORPORATION* BILL</u> | Phone: <u>(303) 312-8115</u> | | | | | | | | | | |
| 3. Address: <u>1099 18TH ST STE 2300</u> | Fax: <u>(303) 291-0420</u> | | | | | | | | | | |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-045-18955-00</u></td> <td style="width: 50%;">6. County: <u>GARFIELD</u></td> </tr> <tr> <td>7. Well Name: <u>JOLLEY FED</u></td> <td>Well Number: <u>12B-20-691</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NENW</u> Section: <u>20</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u></td> <td></td> </tr> </table> | | | | 5. API Number <u>05-045-18955-00</u> | 6. County: <u>GARFIELD</u> | 7. Well Name: <u>JOLLEY FED</u> | Well Number: <u>12B-20-691</u> | 8. Location: QtrQtr: <u>NENW</u> Section: <u>20</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | | 9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u> | |
| 5. API Number <u>05-045-18955-00</u> | 6. County: <u>GARFIELD</u> | | | | | | | | | | |
| 7. Well Name: <u>JOLLEY FED</u> | Well Number: <u>12B-20-691</u> | | | | | | | | | | |
| 8. Location: QtrQtr: <u>NENW</u> Section: <u>20</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u> | | | | | | | | | | | |
| 9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u> | | | | | | | | | | | |
| <u>Completed Interval</u> | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>ROLLINS</u></td> <td style="width: 50%;">Status: <u>PRODUCING</u></td> </tr> </table> | | | | FORMATION: <u>ROLLINS</u> | Status: <u>PRODUCING</u> | | | | | | |
| FORMATION: <u>ROLLINS</u> | Status: <u>PRODUCING</u> | | | | | | | | | | |
| Treatment Date: <u>08/18/2010</u> Date of First Production this formation: <u>08/25/2010</u> | | | | | | | | | | | |
| Perforations Top: <u>7542</u> Bottom: <u>7660</u> No. Holes: <u>12</u> Hole size: <u>3/10</u> | | | | | | | | | | | |
| Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/> | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 2px;">TREATED WITH WILLIAMS FORK, SEE WILLIAMS FORK TREATMENT SUMMARY</div> | | | | | | | | | | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| Test Information: | | | | | | | | | | | |
| Date: <u>09/02/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>73</u> Bbls H2O: <u>0</u> | | | | | | | | | | | |
| Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>73</u> Bbls H2O: <u>0</u> GOR: <u>0</u> | | | | | | | | | | | |
| Test Method: <u>FLOWING</u> Casing PSI: <u>1200</u> Tubing PSI: <u>1000</u> Choke Size: <u>24</u> | | | | | | | | | | | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1100</u> API Gravity Oil: <u>0</u> | | | | | | | | | | | |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6427</u> Tbg setting date: <u>08/30/2010</u> Packer Depth: _____ | | | | | | | | | | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | | | | | | | | | | | |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ | | | | | | | | | | | |
| Bridge Plug Depth: _____ Sacks cement on top: _____ | | | | | | | | | | | |

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 08/25/2010

Perforations Top: 5271 Bottom: 7516 No. Holes: 158 Hole size: 3/10

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

121401 LBS CRC SAND, 1120899 LBS WHITE SAND, 57199 BBLS SLICKWATER

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

Test Information:

Date: 09/02/2010 Hours: 24 Bbls oil: 12 Mcf Gas: 1379 Bbls H2O: 153

Calculated 24 hour rate: _____ Bbls oil: 12 Mcf Gas: 1379 Bbls H2O: 153 GOR: _____

Test Method: FLOWLING Casing PSI: 1200 Tubing PSI: 1000 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1100 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6427 Tbg setting date: 08/30/2010 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: BRADY RILEY

Title: PERMIT ANALYST Date: 12/1/2010 Email BRILEY@BILLBARRETTCORP.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2591559 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---|-------------------------|
| Permit | Well bore diagram is part of doc # 2577277. | 3/31/2011 7:54:33 AM |

Total: 1 comment(s)