

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:

400131544

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

5. API Number 05-045-18885-00
6. County: GARFIELD
7. Well Name: GGU FED
Well Number: 21C-33-691
8. Location: QtrQtr: NWNW Section: 33 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>10/04/2010</u>	Date of First Production this formation: <u>10/23/2010</u>
Perforations Top: <u>7714</u> Bottom: <u>7789</u>	No. Holes: <u>14</u> Hole size: <u>0.3</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>11/11/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>61</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>61</u> Bbls H2O: <u>0</u> GOR: <u> </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>900</u> Tubing PSI: <u>850</u> Choke Size: <u>32/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1178</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6533</u>	Tbg setting date: <u>10/24/2010</u> Packer Depth: <u> </u>
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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: 10/04/2010 Date of First Production this formation: 10/23/2010

Perforations Top: 5281 Bottom: 7675 No. Holes: 198 Hole size: 0.3

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

193,473 lbs CRC Sand, 1,422,455 lbs White Sand, 74,328 bbl Slick water

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

Test Information:

Date: 11/11/2010 Hours: 24 Bbls oil: 20 Mcf Gas: 1157 Bbls H2O: 141

Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 1157 Bbls H2O: 141 GOR:

Test Method: Flowing Casing PSI: 900 Tubing PSI: 850 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1178 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6533 Tbg setting date: 10/24/2010 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 10/4/2010 thru 10/18/2010.

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: 2/8/2011 Email vwalker@billbarrettcorp.com

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Attachment Check List

Att Doc Num	Name
400131544	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)