

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400131601

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 05-045-18882-00 6. County: GARFIELD
7. Well Name: GGU FED Well Number: 44A-29-691
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>10/05/2010</u>		Date of First Production this formation: <u>10/17/2010</u>	
Perforations	Top: <u>7454</u> Bottom: <u>7588</u>	No. Holes: <u>20</u>	Hole size: <u>0.3</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			
Test Information:			
Date: <u>11/11/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>62</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>62</u> Bbls H2O: <u>0</u> GOR: <u> </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1050</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>1171</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6342</u>	Tbg setting date: <u>10/25/2010</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: 10/06/2010 Date of First Production this formation: 10/17/2010
Perforations Top: 5096 Bottom: 7420 No. Holes: 200 Hole size: 0.3

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

255,329 lbs CRC Sand, 1,750,638 lbs White Sand, 91373 bbls Slick Water

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

Test Information:

Date: 11/11/2010 Hours: 24 Bbls oil: 20 Mcf Gas: 1173 Bbls H2O: 141
Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 1173 Bbls H2O: 141 GOR:
Test Method: Flowing Casing PSI: 1050 Tubing PSI: 850 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1171 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6342 Tbg setting date: 10/25/2010 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 date 10/6/2010 thru 10/19/2010

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
:

Attachment Check List

Att Doc Num	Name
400131601	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)