

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



DE ET OE ES

Document Number:
400131659

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 05-045-18907-00
6. County: GARFIELD
7. Well Name: GGU FED
Well Number: 44B-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: ROLLINS Status: PRODUCING

Treatment Date: 10/05/2010 Date of First Production this formation: 10/16/2010
Perforations Top: 7514 Bottom: 7626 No. Holes: 24 Hole size: 0.3

Provide a brief summary of the formation treatment: Open Hole:
13,400 lbs CRC Sand, 121,338 lbs White Sand, 6863 bbls Slick Water

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 55 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 55 Bbls H2O: 0 GOR: _____
Test Method: Flowing Casing PSI: 1000 Tubing PSI: 820 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1161 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6485 Tbg setting date: 12/20/2010 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: _____

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 10/06/2010 Date of First Production this formation: 10/17/2010

Perforations Top: 5332 Bottom: 7462 No. Holes: 208 Hole size: 0.3

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

184,374 lbs CRC Sand, 1,438,951 lbs White Sand, 75,996 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: 1039 Bbls H2O: 141

Calculated 24 hour rate: _____ Bbls oil: 20 Mcf Gas: 1039 Bbls H2O: 141 GOR: _____

Test Method: Flowing Casing PSI: 1000 Tubing PSI: 820 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1161 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6485 Tbg setting date: 12/20/2010 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 10/6/2010 thru 10/19/2010. Tubing set @ 5272 ft on 10/28/2010, pulled to run production log and re-set @ 6485 ft. on 12/20/2010.

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: 2/9/2011 Email: vwalker@billbarrettcop.com

Attachment Check List

Att Doc Num	Name
400131659	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)