

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:  
400135030

**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 05-045-19206-00  
6. County: GARFIELD  
7. Well Name: GGU FEDERAL  
Well Number: 22B-28-691  
8. Location: QtrQtr: SENW Section: 28 Township: 6S Range: 91W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 10/22/2010 Date of First Production this formation: 11/06/2010  
Perforations Top: 7310 Bottom: 7378 No. Holes: 12 Hole size: 0.3

Provide a brief summary of the formation treatment: Treated with Williams Fork, see Williams Fork treatment summary  
Open Hole:

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 11/19/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 47 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 47 Bbls H2O: 0 GOR: \_\_\_\_\_  
Test Method: flowing Casing PSI: 1000 Tubing PSI: 950 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1146 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6158 Tbg setting date: 11/09/2010 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: 10/22/2010 Date of First Production this formation: 11/06/2010  
Perforations Top: 4969 Bottom: 7273 No. Holes: 174 Hole size: 0.3

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

163,800 lbs CRC Sand, 1,470,513 Lbs White Sand, 77,853 Bbls Slick Water

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 11/19/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 905 Bbls H2O: 224  
Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 905 Bbls H2O: 224 GOR: \_\_\_\_\_  
Test Method: flowing Casing PSI: 1000 Tubing PSI: 950 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1146 API Gravity Oil: 53  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6158 Tbg setting date: 11/09/2010 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 10/22/2010-11/2/2010. GOR 905/7 = 129285

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: 2/22/2011 Email vwalker@billbarrettcorp.com

**Attachment Check List**

Att Doc Num	Name
400135030	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)