

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:

400177626

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: Brady Riley
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8115
3. Address: 1099 18TH ST STE 2300 Fax: _____
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18657-00 6. County: GARFIELD
7. Well Name: MILLER FEDERAL Well Number: 24A-31-691
8. Location: QtrQtr: NWSE Section: 6 Township: 7S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/09/2011</u>		Date of First Production this formation: <u>05/24/2011</u>	
Perforations	Top: <u>7613</u> Bottom: <u>7668</u>	No. Holes: <u>6</u>	Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>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>06/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>40</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>40</u> Bbls H2O: <u>0</u> GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>1125</u>	Tubing PSI: <u>1020</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1121</u>	API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>4752</u>	Tbg setting date: <u>05/26/2011</u>	Packer Depth: _____
Reason for Non-Production: <div></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: _____	

FORMATION: <u>CORCORAN</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>05/09/2011</u>		Date of First Production this formation: <u>05/24/2011</u>			
Perforations	Top: <u>7818</u>	Bottom: <u>7842</u>	No. Holes: <u>12</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Treated with Williams Fork. See Williams Fork Treatment Summary.					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>06/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>40</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>40</u>	Bbls H2O: <u>0</u>	GOR: <u> </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1125</u>	Tubing PSI: <u>1020</u>	Choke Size: <u>24/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1121</u>	API Gravity Oil: <u>52</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>4752</u>	Tbg setting date: <u>05/26/2011</u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
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: <u>ROLLINS</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>05/12/2011</u>		Date of First Production this formation: <u>05/24/2011</u>			
Perforations	Top: <u>7016</u>	Bottom: <u>7076</u>	No. Holes: <u>12</u>	Hole size: <u>0.34</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Treated with Williams Fork. See Williams Fork Data.					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>06/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>40</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>40</u>	Bbls H2O: <u>0</u>	GOR: <u> </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1125</u>	Tubing PSI: <u>1020</u>	Choke Size: <u>24/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1121</u>	API Gravity Oil: <u>52</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>4752</u>	Tbg setting date: <u>05/26/2011</u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
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: 05/04/2011 Date of First Production this formation: 05/24/2011

Perforations Top: 4807 Bottom: 6964 No. Holes: 180 Hole size: 0.34

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

1,473,428 lbs White Sand, 166,600 lbs CRC Sand, 77,483 BBLS Slurry

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

Test Information:

Date: 06/28/2011 Hours: 24 Bbls oil: 19 Mcf Gas: 674 Bbls H2O: 212

Calculated 24 hour rate: Bbls oil: 19 Mcf Gas: 674 Bbls H2O: 212 GOR: 35474

Test Method: Flowing Casing PSI: 1125 Tubing PSI: 1020 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1121 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4752 Tbg setting date: 05/26/2011 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: Email: briley@billbarrettcorp.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: Director of COGCC Date:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)