

**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:

400167968

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 05-045-19421-00 6. County: GARFIELD
7. Well Name: GGU MILLER FED Well Number: 33B-32-691
8. Location: QtrQtr: SESW Section: 32 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed IntervalFORMATION: ROLLINS Status: PRODUCING

Treatment Date: 04/13/2011 Date of First Production this formation: 04/26/2011
Perforations Top: 7111 Bottom: 7235 No. Holes: 24 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: ☐Treated with the Williams Fork Formation. See Williams Fork Treatment Summary.This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: 05/05/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 50 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 50 Bbls H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 1250 Tubing PSI: 1000 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1125 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6063 Tbg setting date: 04/28/2011 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: _____

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 04/16/2011 Date of First Production this formation: 04/26/2011

Perforations Top: 4915 Bottom: 7085 No. Holes: 162 Hole size: 0.34

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

Treated with: 315,600 lbs CRC Sand, 1,313,346 lbs 20/40 Sand, 69,568 bbls Slickwater

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

Test Information:

Date: 05/05/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 949 Bbls H2O: 139

Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 949 Bbls H2O: 139 GOR: 11862

Test Method: flowing Casing PSI: 1250 Tubing PSI: 1000 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1125 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6063 Tbg setting date: 04/28/2011 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: 5/23/2011 Email briley@billbarrettcorp.com

:

Attachment Check List

Att Doc Num	Name
400167968	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)