

**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:

400167287

**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: Mary Pobuda  
2. Name of Operator: BARRETT CORPORATION\* BILL Phone: (303) 312-8511  
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19429-00 6. County: GARFIELD  
7. Well Name: GGU MILLER Well Number: 24C-32-691  
8. Location: QtrQtr: SESW Section: 32 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>03/24/2011</u>		Date of First Production this formation: <u>04/24/2011</u>	
Perforations	Top: <u>6861</u> Bottom: <u>6972</u>	No. Holes: <u>18</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	
<b>Test Information:</b>			
Date: <u>05/05/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>63</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>63</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1100</u>	Tubing PSI: <u>1080</u>	Choke Size: <u>24</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1096</u>	API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>5848</u>	Tbg setting date: <u>05/03/2011</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: WILLIAMS FORK Status: PRODUCING

Treatment Date: 03/24/2011 Date of First Production this formation: 04/24/2011

Perforations Top: 4717 Bottom: 6829 No. Holes: 138 Hole size: 0.34

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

Treated with: 125200 lbs CRC sand, 1128676 lbs white sand & 128489 bbls slickwater

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

**Test Information:**

Date: 05/05/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 1188 Bbls H2O: 139

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 1188 Bbls H2O: 139 GOR: 13200

Test Method: flowing Casing PSI: 1100 Tubing PSI: 1080 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1096 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5848 Tbg setting date: 05/03/2011 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: Mary Pobuda

Title: Permit Analyst Date: 5/23/2011 Email mpobuda@billbarrettcorp.com

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**Attachment Check List**

Att Doc Num	Name
400167287	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)