

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:

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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: Brady Riley  
Phone: (303) 312-8115  
Fax: \_\_\_\_\_

5. API Number 05-045-19657-00  
6. County: GARFIELD  
7. Well Name: KAUFMAN  
Well Number: 12C-25-692  
8. Location: QtrQtr: NESW Section: 25 Township: 6S Range: 92W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

### Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/29/2011</u>	Date of First Production this formation: <u>10/05/2011</u>
Perforations Top: <u>7509</u> Bottom: <u>7621</u>	No. Holes: <u>8</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>Treated with Williams Fork. See Williams Fork Treatment Summary.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>10/27/2011</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>74</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>74</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1275</u> Tubing PSI: <u>775</u> Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1131</u> API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6384</u>	Tbg setting date: <u>10/21/2011</u> Packer Depth: <u></u>
Reason for Non-Production: <u></u>	
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>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/29/2011</u>	Date of First Production this formation: <u>10/05/2011</u>
Perforations Top: <u>5139</u> Bottom: <u>7464</u>	No. Holes: <u>178</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>1,258,366 lbs White Sand, 140,000 lbs CRC Sand, 66,134 BBLS Slickwater</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>10/27/2011</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>1390</u> Bbls H2O: <u>156</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>1390</u> Bbls H2O: <u>156</u> GOR: <u></u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1275</u> Tubing PSI: <u>775</u> Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1131</u> API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6384</u>	Tbg setting date: <u>10/21/2011</u> Packer Depth: <u></u>
Reason for Non-Production: <u></u>	
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>	

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**

User Group	Comment	Comment Date

Total: 0 comment(s)