

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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COMPLETED INTERVAL REPORT

Document Number:
400227211

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 05-045-19679-00
6. County: GARFIELD
7. Well Name: Jolley Well Number: 42B-20-691
8. Location: QtrQtr: NWSE Section: 20 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>10/14/2011</u>	Date of First Production this formation: <u>11/01/2011</u>
Perforations Top: <u>7569</u> Bottom: <u>7637</u>	No. Holes: <u>21</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<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	
Test Information:	
Date: <u>11/22/2011</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>30</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>30</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>700</u> Tubing PSI: <u>500</u> Choke Size: <u>30/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1100</u> API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6503</u>	Tbg setting date: <u>10/28/2011</u> Packer Depth: _____
Reason for Non-Production: _____	
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>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/14/2011</u>	Date of First Production this formation: <u>11/01/2011</u>
Perforations Top: <u>5345</u> Bottom: <u>7511</u>	No. Holes: <u>217</u> Hole size: <u>0.34</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>152,736 lbs 30/50 White Sand, 998,897 lbs 20/40 White Sand, 142,077 lbs CRC Sand, 64,723 BBLS Slurry</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>11/22/2011</u> Hours: <u>24</u>	Bbls oil: <u>18</u> Mcf Gas: <u>568</u> Bbls H2O: <u>125</u>
Calculated 24 hour rate:	Bbls oil: <u>18</u> Mcf Gas: <u>568</u> Bbls H2O: <u>125</u> GOR: <u>31556</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>700</u> Tubing PSI: <u>500</u> Choke Size: <u>30/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1100</u> API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6503</u>	Tbg setting date: <u>10/28/2011</u> Packer Depth: _____
Reason for Non-Production: _____	
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: _____

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)