

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:

400244943

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 05-123-24059-00 6. County: WELD
7. Well Name: 70 RANCH Well Number: CSE-20
8. Location: QtrQtr: NESE Section: 20 Township: 5N Range: 63W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

| | | | |
|---|--------------------------------------|--|---|
| FORMATION: <u>NIOBRARA-CODELL</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>01/18/2012</u> | | Date of First Production this formation: <u>07/23/2007</u> | |
| Perforations | Top: <u>6264</u> Bottom: <u>6530</u> | No. Holes: <u>112</u> | Hole size: <u>38/100</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| Refrac treatment: 2000 gals of 15% HCl; 3739 bbls 3% KCl Water; 251,960 lbs. White Sand 20/40; 36,500 lbs. Sand 100 Mesh | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Test Information: | | | |
| Date: <u>01/18/2012</u> | Hours: <u>24</u> | Bbls oil: <u>99</u> | Mcf Gas: <u>214</u> Bbls H2O: <u>203</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>99</u> | Mcf Gas: <u>214</u> Bbls H2O: <u>203</u> GOR: <u>21</u> |
| Test Method: <u>flowing</u> | Casing PSI: <u>210</u> | Tubing PSI: <u>200</u> | Choke Size: <u>64/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>DRY</u> | BTU Gas: <u>1</u> | API Gravity Oil: <u>52</u> |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | 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:

This is a revised 5A; BBC re-frac'd within the existing perforations of these formations.

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> |
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Total: 0 comment(s)