

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:

400247308

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 05-123-32101-00 6. County: WELD  
7. Well Name: Roth Well Number: 44-30  
8. Location: QtrQtr: SESE Section: 30 Township: 5N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

|   |  |
|---|--|
| FORMATION: <u>NIOBRARA-CODELL</u>   | Status: <u>PRODUCING</u>                                   |
| Treatment Date: <u>11/29/2011</u>   | Date of First Production this formation: <u>12/14/2011</u> |
| Perforations Top: <u>6320</u> Bottom: <u>6582</u>   | No. Holes: <u>150</u> Hole size: <u>0.42</u>               |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>                        |
| <u>485,420 lbs 20/40 Owatta Sand, 306,956 BBLS Slickwater</u>   |  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |  |
| <b>Test Information:</b>  |  |
| Date: <u>12/14/2011</u> Hours: <u>24</u> Bbls oil: <u>80</u> Mcf Gas: <u>172</u> Bbls H2O: <u>0</u>                                 |  |
| Calculated 24 hour rate: Bbls oil: <u>80</u> Mcf Gas: <u>172</u> Bbls H2O: <u>0</u> GOR: <u>2150</u>                                |  |
| Test Method: <u>Flowing</u> Casing PSI: <u>1370</u> Tubing PSI: <u>50</u> Choke Size: <u>22/64</u>                                  |  |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1264</u> API Gravity Oil: <u>52</u>                                   |  |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6531</u> Tbg setting date: <u>12/10/2011</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> |
|-------------------|----------------|---------------------|
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Total: 0 comment(s)