

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



DE ET OE ES

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 05-123-24031-00
6. County: WELD
7. Well Name: 70 RANCH
Well Number: CSW 20
8. Location: QtrQtr: SESW Section: 20 Township: 5N Range: 63W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/18/2012 Date of First Production this formation: 10/11/2006
Perforations Top: 6292 Bottom: 6548 No. Holes: 90 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:
Refrac treatment: 2000 gals of 15% HCl; 3870 bbls 3% KCl Water; 252,660 lbs. White Sand 20/40; 35,520 lbs. Sand 100 Mesh
This formation is commingled with another formation: Yes No
Test Information:
Date: 01/25/2012 Hours: 24 Bbls oil: 17 Mcf Gas: 148 Bbls H2O: 29
Calculated 24 hour rate: _____ Bbls oil: 17 Mcf Gas: 148 Bbls H2O: 29 GOR: 8706
Test Method: flowing Casing PSI: 400 Tubing PSI: 280 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 52
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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:
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>

Total: 0 comment(s)