

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 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 05-123-24183-00 6. County: WELD
7. Well Name: ELDRIDGE Well Number: CNE-23
8. Location: QtrQtr: SWNE Section: 23 Township: 6N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/07/2012 Date of First Production this formation: 02/10/2007

Perforations Top: 6850 Bottom: 7152 No. Holes: 116 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Refrac'd with: 2000 gals of 15% HCl; 2472 bbls 3% KCl Water; 123,320 lbs. White Sand 20/40

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 02/11/2012 Hours: 24 Bbls oil: 5 Mcf Gas: 17 Bbls H2O: 4

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 17 Bbls H2O: 4 GOR: 3583

Test Method: flowing Casing PSI: 300 Tubing PSI: 240 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 1

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: Revised 5A following Re-Frac within existing perforations.

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)