

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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: 2/2/2012 Email: briley@billbarrettcorp.com

### Attachment Check List

Att Doc Num	Name
400247308	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)