

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:

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Date Received:

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 05-123-27330-00

6. County: WELD

7. Well Name: SIMPSON

Well Number: 31-15

8. Location: QtrQtr: NWNE Section: 15 Township: 6N Range: 67W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 02/21/2012

Date of First Production this formation: 12/25/2006

Perforations Top: 6950 Bottom: 7264 No. Holes: 104 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Refrac'd with:
2000 gals of 15% HCl; 4087.1 bbls 3% KCl Water; 268,960 lbs. White Sand 20/40

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 02/27/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 4 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 4 Bbls H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 390 Tubing PSI: 360 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 52 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:

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

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)