

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:

400266233

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 05-123-11740-00 6. County: WELD
 7. Well Name: WINZENRIED Well Number: 1-23
 8. Location: QtrQtr: SWSW Section: 23 Township: 6N Range: 67W Meridian: 6
 9. Field Name: LAPOUDRE Field Code: 48125

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 03/01/2012 Date of First Production this formation: 04/23/1984
 Perforations Top: 7138 Bottom: 7156 No. Holes: 54 Hole size: 0.34
 Provide a brief summary of the formation treatment: _____ Open Hole:
Re-frac'd with: 2270 bbls KCI Water; 130,760 lbs. White Sand 20/40
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/10/2012 Hours: 24 Bbls oil: 46 Mcf Gas: 0 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 46 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
 Test Method: flowing Casing PSI: 1240 Tubing PSI: 1232 Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 52 API Gravity Oil: 1
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7105 Tbg setting date: 03/03/2012 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/01/2012 Date of First Production this formation: 03/10/2012

Perforations Top: 6947 Bottom: 7156 No. Holes: 90 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/01/2012 Date of First Production this formation: 03/10/2012

Perforations Top: 6947 Bottom: 7052 No. Holes: 36 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

Treated with: 2030 gals of 15% HCl; 3272 bbls 2% KCl Water; 250,200 lbs. White Sand 20/40

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/10/2012 Hours: 24 Bbls oil: 46 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 46 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 1240 Tubing PSI: 1232 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 52 API Gravity Oil: 1

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7105 Tbg setting date: 03/03/2012 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 the Codell formation within the existing perforations of these formations and Perf'd/Frac'd the permitted, but not previously completed Niobrara formation.

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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)