

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



Table with columns DE, ET, OE, ES

Document Number: 400267634

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
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 05-123-22620-00
6. County: WELD
7. Well Name: LOVELY
Well Number: 14-9
8. Location: QtrQtr: SWSW Section: 9 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 03/05/2012 Date of First Production this formation: 02/01/2005
Perforations Top: 7240 Bottom: 7250 No. Holes: 9 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
Treated with the Niobrara formation. See Niobrara Treatment Summary for details.
This formation is commingled with another formation: [X] 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-CODELL Status: PRODUCING

Treatment Date: 03/05/2012 Date of First Production this formation: 02/01/2005

Perforations Top: 6990 Bottom: 7250 No. Holes: 72 Hole size: 0.42

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/11/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

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

Test Method: flowing Casing PSI: 540 Tubing PSI: 500 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: 7190 Tbg setting date: 03/07/2012 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 Status: COMMINGLED

Treatment Date: 03/05/2012 Date of First Production this formation: 02/01/2005

Perforations Top: 6990 Bottom: 7154 No. Holes: 63 Hole size: 0.42

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

Niobrara/Codell formations treated with: 2000 gals of 15% HCl; 4115.4 bbls 2% KCl Water; 265,860 lbs. White Sand 20/40

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: _____

Comment: _____

This is a revised 5A; BBC re-frac'd the Niobrara/Codell formations 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
400267657	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)