

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:

400266049

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: Megan Finnegan

Phone: (303) 299-9949

Fax: (303) 291-0420

5. API Number 05-045-20126-00

7. Well Name: CBS

8. Location: QtrQtr: SWNE Section: 21 Township: 6S Range: 92W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

6. County: GARFIELD

Well Number: 42D-21-692

Completed Interval

FORMATION: ROLLINSStatus: PRODUCINGTreatment Date: 02/27/2012Date of First Production this formation: 03/10/2012Perforations Top: 7820 Bottom: 7928 No. Holes: 18 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐Treated with Williams Fork. See Williams Fork Treatment Summary.This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 03/23/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 86 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 86 Bbls H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 1750 Tubing PSI: 1350 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1103 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6896 Tbg setting date: 03/16/2012 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: WILLIAMS FORKStatus: PRODUCINGTreatment Date: 02/27/2012Date of First Production this formation: 03/10/2012Perforations Top: 5869 Bottom: 7788 No. Holes: 238 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐1,257,398 lbs 20/40 White Sand, 143,025 lbs CRC Sand, 64,629 BBLS Slickwater.This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 03/23/2012 Hours: 24 Bbls oil: 23 Mcf Gas: 1628 Bbls H2O: 25Calculated 24 hour rate: Bbls oil: 23 Mcf Gas: 1628 Bbls H2O: 25 GOR: 70783Test Method: Flowing Casing PSI: 1750 Tubing PSI: 1350 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1103 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6896 Tbg setting date: 03/16/2012 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Megan FinneganTitle: Permit Analyst

Date: _____

mfinnegan@billbarrettcorp.com

Email
:

Attachment Check List

Att Doc Num	Name
400266305	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)