

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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| DE | ET | OE | ES |
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Document Number:

400273443

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 05-123-32163-00
6. County: WELD
7. Well Name: Roth Well Number: 43-30
8. Location: QtrQtr: NESE Section: 30 Township: 5N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 12/03/2011 Date of First Production this formation: 12/12/2011

Perforations Top: 6572 Bottom: 6582 No. Holes: 30 Hole size: 0.42

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

179,185 20/40 Preferred Rock Sand, 110,606 gallons slickwater

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-CODELLStatus: PRODUCINGTreatment Date: 12/03/2011Date of First Production this formation: 12/12/2011Perforations Top: 6320 Bottom: 6582 No. Holes: 150 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: 12/12/2011 Hours: 24 Bbls oil: 347 Mcf Gas: 145 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 347 Mcf Gas: 145 Bbls H2O: 0 GOR: 418Test Method: Flowing Casing PSI: 1250 Tubing PSI: 750 Choke Size: 16/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1296 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6516 Tbg setting date: 12/12/2011 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: NIOBRARAStatus: COMMINGLEDTreatment Date: 12/03/2011Date of First Production this formation: 12/12/2011Perforations Top: 6320 Bottom: 6470 No. Holes: 120 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐220,227 lbs 20/40 Ottawa Sand, 35,049 lbs 40/70 Ottawa Sand, 155,720 gallons SlickwaterThis 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:

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: _____

Email mfinnegan@billbarrettcorp.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400273476 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)