

FORMATION: NIOBRARA-CODELL Status: PRODUCING

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

Perforations 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: 0

Calculated 24 hour rate: _____ Bbls oil: 347 Mcf Gas: 145 Bbls H2O: 0 GOR: 418

Test Method: Flowing Casing PSI: 1250 Tubing PSI: 750 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1296 API Gravity Oil: 52

Tubing 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: NIOBRARA Status: COMMINGLED

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

Perforations 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 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: _____

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 Finnegan

Title: 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)