

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400250636

Date Received:

02/27/2012

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 05-123-24177-00 6. County: WELD
7. Well Name: ELDRIDGE Well Number: 31-23
8. Location: QtrQtr: NWNE Section: 23 Township: 6N Range: 66W Meridian: 6
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
Treatment Date: 02/07/2012 Date of First Production this formation: 09/17/2007
Perforations Top: 6848 Bottom: 7160 No. Holes: 130 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
Refrac'd with:
2000 gals of 15% HCl; 2130 bbls 3% KCl Water; 203,942 lbs. White Sand 20/40.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 02/10/2012 Hours: 24 Bbls oil: 5 Mcf Gas: 45 Bbls H2O: 8
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 45 Bbls H2O: 8 GOR: 8940
Test Method: flowing Casing PSI: 750 Tubing PSI: 350 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 1
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7112 Tbg setting date: 02/08/2012 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:

Revised 5A following Re-Frac within existing perforations.

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: 2/27/2012 Email: briley@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400250636	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added Tubing size: 2-3/8", depth:7112', date: 2/8/2012 per operator.	3/27/2012 8:48:04 AM

Total: 1 comment(s)