

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:

400282388

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 4. Contact Name: Megan Finnegan
2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 299-9949
3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
City: DENVER State: CO Zip: 80202

5. API Number 05-123-24325-00 6. County: WELD
7. Well Name: REEMAN Well Number: 11-5
8. Location: QtrQtr: NWNW Section: 5 Township: 6N Range: 65W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/10/2012 Date of First Production this formation: 03/07/2007

Perforations Top: 7210 Bottom: 7222 No. Holes: 56 Hole size: 0.42

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

Treated with Niobrara. See Niobrara Treatment Summary.

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: 04/10/2012Date of First Production this formation: 03/07/2007Perforations Top: 6928 Bottom: 7222 No. Holes: 116 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: 04/19/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0Test Method: Flwoing Casing PSI: 1260 Tubing PSI: 230 Choke Size: 64/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 7178 Tbg setting date: 04/13/2012 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: NIOBRARAStatus: COMMINGLEDTreatment Date: 04/10/2012Date of First Production this formation: 03/07/2007Perforations Top: 6928 Bottom: 7128 No. Holes: 60 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐281,100 lbs 20/40 White Sand, 4,431 BBLs 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
400282506	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)