

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:

400282460

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 05-123-24233-00	6. County: WELD
7. Well Name: REEMAN	Well Number: 12-5
8. Location: QtrQtr: SWNW 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: 01/26/2007
Perforations Top: 7220 Bottom: 7230	No. Holes: 56 Hole size: 0.42
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Treated with Niobrara. See Niobrara Treatment Summary.	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 04/10/2012

Date of First Production this formation: 01/26/2007

Perforations Top: 6942 Bottom: 7230 No. Holes: 122 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

260,940 lbs 24/40 White Sand, 4,106 BBLS Slickwater

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: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 990 Tubing PSI: 145 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7167 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: NIOBRARA

Status: COMMINGLED

Treatment Date: 04/10/2012

Date of First Production this formation: 01/26/2007

Perforations Top: 6942 Bottom: 7140 No. Holes: 66 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

260,940 lbs 20/40 White Sand, 4,106 BBLS 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
400282543	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)