

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400282228

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: Julie Webb

2. Name of Operator: BARRETT CORPORATION\* BILL

Phone: (303) 312-8714

3. Address: 1099 18TH ST STE 2300

Fax: (303) 291-0420

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19235-00

6. County: GARFIELD

7. Well Name: Werner

Well Number: 31A-26-692

8. Location: QtrQtr: SWSE Section: 23 Township: 6S

Range: 92W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

### Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 04/06/2012 Date of First Production this formation: 04/19/2012

Perforations Top: 7735 Bottom: 7830 No. Holes: 10 Hole size: 0.34

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

Treated with Williams Fork. See Williams Fork Treatment Summary.

This formation is commingled with another formation: ☒ Yes ☐ No

#### Test Information:

Date: 04/30/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 57 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 57 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1950 Tubing PSI: 1120 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1147 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6872 Tbg setting date: 04/17/2012 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: WILLIAMS FORK Status: PRODUCING

Treatment Date: 04/06/2012 Date of First Production this formation: 04/19/2012

Perforations Top: 5941 Bottom: 7709 No. Holes: 166 Hole size: 0.34

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

1,116,200 lbs 20/40 White Sand, 124,300 lbs Resin Sand, 58,404 bbls Slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

#### Test Information:

Date: 04/30/2012 Hours: 24 Bbls oil: 18 Mcf Gas: 1080 Bbls H2O: 388

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 1080 Bbls H2O: 388 GOR: 60000

Test Method: Flowing Casing PSI: 1950 Tubing PSI: 1120 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1147 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6872 Tbg setting date: 04/17/2012 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Julie Webb

Title: Permit Analyst Date: \_\_\_\_\_ jwebb@billbarrettcorp.com

Email  
:

### **Attachment Check List**

Att Doc Num	Name
400283491	WELLBORE DIAGRAM

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)