

FORM
5A

Rev
06/12

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:

400287894

Date Received:

05/29/2012

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
2. Name of Operator: BARRETT CORPORATION* BILL
3. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202
4. Contact Name: Julie Webb
Phone: (303) 312-8714
Fax: (303) 291-0420

5. API Number 05-045-20735-00
6. County: GARFIELD
7. Well Name: GGU Kaufman
Well Number: 11A-30-691
8. Location: QtrQtr: LOT 2 Section: 30 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type:
Treatment Date: 05/04/2012 End Date: Date of First Production this formation: 05/08/2012
Perforations Top: 7063 Bottom: 7186 No. Holes: 12 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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Number of staged intervals:

Total acid used in treatment (bbl):

Max frac gradient (psi/ft):

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/22/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 58 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 58 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1550 Tubing PSI: 1090 Choke Size: 24
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1161 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5918 Tbg setting date: 05/15/2012 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 Type: _____
Treatment Date: 05/04/2012 End Date: _____ Date of First Production this formation: 05/08/2012
Perforations Top: 4679 Bottom: 7031 No. Holes: 186 Hole size: 0.34
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

64,694 bbls Slickwater, 1,216,007 lbs 20/40 White Sand 133,200 CRC Sand

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Number of staged intervals: _____
Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/22/2012 Hours: 24 Bbl oil: 31 Mcf Gas: 1095 Bbl H2O: 139
Calculated 24 hour rate: Bbl oil: 31 Mcf Gas: 1095 Bbl H2O: 139 GOR: 35322
Test Method: Flowing Casing PSI: 1550 Tubing PSI: 1090 Choke Size: 24
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1161 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5918 Tbg setting date: 05/15/2012 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: 5/29/2012 Email jwebb@billbarrettcorp.com

Attachment Check List

Att Doc Num	Name
400287894	FORM 5A SUBMITTED
400287962	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)