

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

Document Number: 400287767

Date Received: 05/24/2012

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 05-045-19694-00
6. County: GARFIELD
7. Well Name: Kaufman Well Number: 43D-25-692
8. Location: QtrQtr: NWNW 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: 04/19/2012 End Date: Date of First Production this formation: 04/26/2012

Perforations Top: 7718 Bottom: 7806 No. Holes: 8 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: [X] 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: 05/14/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 133 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 133 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1725 Tubing PSI: 1460 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1192 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6557 Tbg setting date: 05/09/2012 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: 04/19/2012 End Date: Date of First Production this formation: 04/26/2012

Perforations Top: 5301 Bottom: 7676 No. Holes: 202 Hole size: 0.34

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

67,269 bbls Slickwater, 1,257,789 lbs 20/40 White Sand, 139,400 lbs 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: 05/14/2012 Hours: 24 Bbl oil: 32 Mcf Gas: 2536 Bbl H2O: 42

Calculated 24 hour rate: Bbl oil: 32 Mcf Gas: 2536 Bbl H2O: 42 GOR: 79250

Test Method: Flowing Casing PSI: 1725 Tubing PSI: 1460 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1192 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6557 Tbg setting date: 05/09/2012 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: 5/24/2012 Email jwebb@billbarrettcorp.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400287767 FORM 5A SUBMITTED, 400288573 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)