

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



Table with columns DE, ET, OE, ES

Document Number: 400319152

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, reoperation 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: Brady Riley Phone: (303) 312-8115 Fax:

5. API Number 05-045-06821-00
6. County: GARFIELD
7. Well Name: MILLER Well Number: 1
8. Location: QtrQtr: SESE Section: 31 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: MESAVERDE Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/26/1994 End Date: 01/26/1994 Date of First Production this formation: 01/27/1994
Perforations Top: 4938 Bottom: 6324 No. Holes: 29 Hole size: 0.33
Provide a brief summary of the formation treatment: Open Hole: [X]
This formation is commingled with another formation: [ ] Yes [X] 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: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: 10K CIBP set at 5270 ft and 4845 ft with 2 sx of cement on top of each CIBP.

Date formation Abandoned: 08/14/2009 Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 4845 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

Comment:

This is a revised 5A reporting the CIBP information that were set in 2009.

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

Signed: \_\_\_\_\_ Print Name: Brady Riley \_\_\_\_\_

Title: Permit Analyst Date: \_\_\_\_\_ Email: briley@billbarrettcorp.com \_\_\_\_\_  
:

### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)