

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



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Document Number:

400339992

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  
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 05-045-21108-00  
6. County: GARFIELD  
7. Well Name: Dixon Federal  
Well Number: 41A-22-692  
8. Location: QtrQtr: SWNW Section: 23 Township: 6S Range: 92W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS-WILLIAMS FORK Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 08/30/2012 End Date: 09/06/2012 Date of First Production this formation: 09/03/2012  
Perforations Top: 5899 Bottom: 7606 No. Holes: 152 Hole size: 0.34  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☒ Yes ☐ No  
Total fluid used in treatment (bbl): 45088 Max pressure during treatment (psi): 6783  
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.39  
Type of gas used in treatment: Min frac gradient (psi/ft): 0.74  
Total acid used in treatment (bbl): 107 Number of staged intervals: 6  
Recycled water used in treatment (bbl): 45088 Flowback volume recovered (bbl): 26780  
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 945760 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:  
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt  
\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

|                                   |                  |                             |                     |  |  |
|-----------------------------------|------------------|-----------------------------|---------------------|--|--|
| FORMATION: <u>ROLLINS</u>         |                  | Status: <u>PRODUCING</u>    |                     | Treatment Type: <u>FRACTURE STIMULATION</u>                |  |
| Treatment Date: <u>08/30/2012</u> |                  | End Date: <u>08/30/2012</u> |                     | Date of First Production this formation: <u>09/03/2012</u> |  |
| Perforations                      | Top: <u>7605</u> | Bottom: <u>7606</u>         | No. Holes: <u>2</u> | Hole size: <u>0.34</u>                                     |  |

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: _____          | Min 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: <input type="checkbox"/> |

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

|                              |                                   |                                     |                           |                   |
|------------------------------|-----------------------------------|-------------------------------------|---------------------------|-------------------|
| Date: <u>09/17/2012</u>      | Hours: <u>24</u>                  | Bbl oil: <u>0</u>                   | Mcf Gas: <u>51</u>        | Bbl H2O: <u>0</u> |
| Calculated 24 hour rate:     | Bbl oil: <u>0</u>                 | Mcf Gas: <u>51</u>                  | Bbl H2O: <u>0</u>         | GOR: <u>0</u>     |
| Test Method: <u>Flowing</u>  | Casing PSI: <u>1200</u>           | Tubing PSI: <u>1000</u>             | Choke Size: <u>24/64</u>  |                   |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u>              | Btu Gas: <u>1147</u>                | API Gravity Oil: <u>0</u> |                   |
| Tubing Size: <u>2 + 3/8</u>  | Tubing Setting Depth: <u>6769</u> | Tbg setting date: <u>09/14/2012</u> | 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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 08/30/2012 End Date: 09/06/2012 Date of First Production this formation: 09/03/2012  
Perforations Top: 5899 Bottom: 7573 No. Holes: 150 Hole size: 0.34

Provide a brief summary of the formation treatment:

Open Hole: ☐

850,560 lbs 20/40 White Sand, 95,200 lbs CRC Sand, 46,153 bbls Slickwater

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: \_\_\_\_\_

Min 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: 09/17/2012 Hours: 24 Bbl oil: 39 Mcf Gas: 959 Bbl H2O: 164  
Calculated 24 hour rate: Bbl oil: 39 Mcf Gas: 959 Bbl H2O: 164 GOR: 24589  
Test Method: Flowing Casing PSI: 1200 Tubing PSI: 1000 Choke Size: 24/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1147 API Gravity Oil: 52  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6769 Tbg setting date: 09/14/2012 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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

First stage for perf/frac is in both WMFK and RLNS so frac information cannot be seperated.

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: \_\_\_\_\_ Email jwebb@billbarrettcorp.com

#### Attachment Check List

| Att Doc Num | Name             |
|-------------|------------------|
| 400340052   | WELLBORE DIAGRAM |

Total Attach: 1 Files

#### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)