

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-045-08134-00 6. County: GARFIELD 7. Well Name: BRYNILDSON Well Number: 14C - 20 - 692 8. Location: QtrQtr: SWSW Section: 20 Township: 6S Range: 92W Meridian: 6 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/03/2005 End Date: Date of First Production this formation: 01/11/2005 Perforations Top: 7914 Bottom: 7920 No. Holes: 12 Hole size: 0.34

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

512 bbls of 2% KCL, 92,100 lbs 20/40 Sand

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: 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: 01/11/2005 Hours: 24 Bbl oil: 0 Mcf Gas: 134 Bbl H2O: 45 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 134 Bbl H2O: 45 GOR: 0 Test Method: Flowing Casing PSI: 0 Tubing PSI: 125 Choke Size: 18/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1191 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6657 Tbg setting date: 06/06/2009 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: CORCORAN Status: SHUT IN Treatment Type: _____

Treatment Date: 01/08/2005 End Date: _____ Date of First Production this formation: 01/11/2005

Perforations Top: 8060 Bottom: 8070 No. Holes: 20 Hole size: 0.34

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

Treated with Cozzette. See Cozzette 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:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/05/2005 Hours: 24 Bbl oil: 0 Mcf Gas: 134 Bbl H2O: 45

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 134 Bbl H2O: 45 GOR: 0

Test Method: Flowing Casing PSI: 0 Tubing PSI: 125 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1191 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6657 Tbg setting date: 06/06/2009 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: 01/25/2005 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8000 ** Sacks cement on top: 1230 ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/29/2004 End Date: _____ Date of First Production this formation: 01/11/2005
Perforations Top: 5520 Bottom: 6972 No. Holes: 110 Hole size: 0.34

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

239,000 lbs 20/40 White Sand, 94,940 bbls Slickwater, 62,500 bbls Gel Water

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: 04/21/2005 Hours: 24 Bbl oil: 15 Mcf Gas: 587 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 587 Bbl H2O: 0 GOR: 39133

Test Method: Flowing Casing PSI: 894 Tubing PSI: 1027 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1191 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6657 Tbg setting date: 06/06/2009 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: _____

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
400277399	FORM 5A SUBMITTED
400288499	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold; sundry for rev. fm. tops. rec'd.	11/12/2012 8:16:00 AM
Permit	on hold; need sundry to add formation tops. production reporting is for WMFK and RLNS; needs to be corrected.	8/10/2012 12:10:30 PM

Total: 2 comment(s)