

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:

400335214

Date Received:

10/12/2012

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: Megan Finnegan  
Phone: (303) 299-9949  
Fax: (303) 291-0420

5. API Number 05-045-21248-00  
6. County: GARFIELD  
7. Well Name: Scott  
Well Number: 41C-36-692  
8. Location: QtrQtr: SWSW Section: 30 Township: 6S Range: 91W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS-WILLIAMS FORK Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/17/2012 End Date: 08/26/2012 Date of First Production this formation: 08/28/2012

Perforations Top: 4667 Bottom: 7023 No. Holes: 234 Hole size: 0.34

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

1,121,209 lbs 20/40 White Sand, 125,200 lbs CRC Sand, 59,725 bbls Slickwater

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

Total fluid used in treatment (bbl): 58350 Max pressure during treatment (psi): 6380

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): 0.73

Total acid used in treatment (bbl): 143 Number of staged intervals: 8

Recycled water used in treatment (bbl): 58350 Flowback volume recovered (bbl): 32835

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1246409 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: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/17/2012 End Date: 08/17/2012 Date of First Production this formation: 08/28/2012

Perforations Top: 7078 Bottom: 7230 No. Holes: 12 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): \_\_\_\_\_ 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](http://FracFocus.org)**

**Test Information:**

Date: 09/07/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 56 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 56 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 775 Choke Size: 24/26

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1161 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5960 Tbg setting date: 08/30/2012 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.

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

Treatment Date: 08/17/2012 End Date: 08/21/2012 Date of First Production this formation: 08/28/2012

Perforations Top: 4667 Bottom: 7023 No. Holes: 222 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): \_\_\_\_\_ 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: 09/07/2012 Hours: 24 Bbl oil: 33 Mcf Gas: 1067 Bbl H2O: 400

Calculated 24 hour rate: Bbl oil: 33 Mcf Gas: 1067 Bbl H2O: 400 GOR: 32333

Test Method: Flowing Casing PSI: 1500 Tubing PSI: 775 Choke Size: 24/26

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1161 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5960 Tbg setting date: 08/30/2012 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:

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

Signed: \_\_\_\_\_ Print Name: Megan Finnegan

Title: Permit Analyst Date: 10/12/2012 Email: mfinnegan@billbarrettcorp.com

**Attachment Check List**

Att Doc Num	Name
400335214	FORM 5A SUBMITTED
400335239	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)