

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: 400384608

Date Received: 04/30/2013

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 4. Contact Name: Brady Riley
 2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8115
 3. Address: 1099 18TH ST STE 2300 Fax: _____
 City: DENVER State: CO Zip: 80202

5. API Number 05-033-06158-00 6. County: DOLORES
 7. Well Name: Cox Well Number: 2S-12-39-18
 8. Location: QtrQtr: NWNE Section: 12 Township: 39N Range: 18W Meridian: N
 9. Field Name: SOLO LOBO Field Code: 77631

Completed Interval

FORMATION: GOthic SHALE Status: SHUT IN Treatment Type: FRACtURE STIMULATION

Treatment Date: 07/03/2012 End Date: 08/21/2013 Date of First Production this formation: 07/09/2012

Perforations Top: 6373 Bottom: 11042 No. Holes: 648 Hole size: 0.44

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

Treated with: 359,222 lbs of 40/70 white sand and 645,385 lbs of 20/40 white sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9265 Max pressure during treatment (psi): 9024

Total gas used in treatment (mcf): 141888 Fluid density at initial fracture (lbs/gal): 8.60

Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): 0.45

Total acid used in treatment (bbl): 0 Number of staged intervals: 18

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5248

Fresh water used in treatment (bbl): 9265 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1004607 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/22/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 480 Bbl H2O: 3

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 480 Bbl H2O: 3 GOR: 0

Test Method: flowing Casing PSI: 420 Tubing PSI: 0 Choke Size: _____

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1269 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5259 Tbg setting date: 09/20/2012 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:

This is the revised 5A, updating the test data and the treatment data.

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: 4/30/2013 Email: briley@billbarrettcorp.com
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Attachment Check List

Att Doc Num	Name
400384608	FORM 5A SUBMITTED

Total Attach: 1 Files

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

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