

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: 400562213

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 4. Contact Name: Mary Pobuda
 2. Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 312-8511
 3. Address: 1099 18TH ST STE 2300 Fax: (303) 291-0420
 City: DENVER State: CO Zip: 80202 Email: mpobuda@billbarrettcorp.com

5. API Number 05-123-38055-00 6. County: WELD
 7. Well Name: Anschutz State Well Number: 5-62-35-6457BH
 8. Location: QtrQtr: NWSW Section: 35 Township: 5N Range: 62W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/13/2014 End Date: 01/14/2014 Date of First Production this formation: 01/24/2014

Perforations Top: 6693 Bottom: 10909 No. Holes: 432 Hole size: 44/100

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

16 stage intervals; 324,378 lbs 40/70 Sand, 3,355,457 lbs 20/40 Sand and 17,396 bbls Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 50113 Max pressure during treatment (psi): 6655

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 0 Number of staged intervals: 16

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 12377

Fresh water used in treatment (bbl): 50113 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3679835 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/24/2014 Hours: 24 Bbl oil: 799 Mcf Gas: 1222 Bbl H2O: 752

Calculated 24 hour rate: Bbl oil: 799 Mcf Gas: 1222 Bbl H2O: 752 GOR: 1529

Test Method: Flowing Casing PSI: 0 Tubing PSI: 260 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1321 API Gravity Oil: 52

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5619 Tbg setting date: 02/10/2014 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:

Method of isolation for the liner is liner hanger packer.

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

Signed: _____ Print Name: Mary Pobuda

Title: Permit Analyst Date: _____ Email mpobuda@billbarrettcorp.com
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Attachment Check List

Att Doc Num **Name**

400562365	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)