

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: 10091
2. Name of Operator: BERRY PETROLEUM COMPANY LLC
3. Address: 1999 BROADWAY STE 3700
City: DENVER State: CO Zip: 80202
4. Contact Name: HEIDI BANG
Phone: (303) 999-4262
Fax: (303) 999-4362
Email: HSB@BRY.COM

5. API Number 05-045-14974-00
6. County: GARFIELD
7. Well Name: SCHOOL HOUSE POINT OM
Well Number: 10B K15 696
8. Location: QtrQtr: NESW Section: 15 Township: 6S Range: 96W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 10/14/2008
Perforations Top: 7967 Bottom: 9979 No. Holes: 116 Hole size:
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: 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: 2 + 3/8 Tubing Setting Depth: 4761 Tbg setting date: 03/18/2013 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 a Revised Form 5A due to tubing repair done on 3/18/2013. During operations, tubing parted and we ended up with a fish in hole (Fish top @ 4794')

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

Signed: _____ Print Name: HEIDI BANG

Title: REG COMPLIANCE ASSISTANT Date: 7/2/2013 Email HSB@BRY.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400442265	FORM 5A SUBMITTED
400442302	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: operator had tubing part in 3/2013 and has continued to produce well through partial tubing string with fish still in hole.	10/15/2014 7:28:52 AM

Total: 1 comment(s)