

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:

400889721

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

5. API Number 05-123-38343-00
6. County: WELD
7. Well Name: Anschutz State
Well Number: 5-62-36-12 SWD
8. Location: QtrQtr: NENW Section: 36 Township: 5N Range: 62W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: ENTRADA Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: 09/16/2014 End Date: 09/16/2014 Date of First Production this formation:
Perforations Top: 7333 Bottom: 7358 No. Holes: 100 Hole size: 39/100
Provide a brief summary of the formation treatment: Open Hole: ☐

n/a

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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: WELL WAS DRILLED AS POSSIBLE SWD WELL AND THIS FORMATION WAS NEVER COMPLETED. PERFORATIONS WERE DONE AS PART OF SWD CONVERSION THAT HAS NOT BEEN COMPLETED. PLUGGED BACK WITH CIBP 9/23/14.

Date formation Abandoned: 09/23/2014 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 7270 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: LYONS Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: 09/19/2014 End Date: 09/19/2014 Date of First Production this formation: _____
Perforations Top: 7942 Bottom: 8037 No. Holes: 366 Hole size: 39/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

n/a

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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: **WELL WAS DRILLED AS POSSIBLE SWD WELL AND THIS FORMATION WAS NEVER COMPLETED. PERFORATIONS WERE DONE AS PART OF SWD CONVERSION THAT HAS NOT BEEN COMPLETED. PLUGGED BACK WITH CIBP 9/23/14.**

Date formation Abandoned: 09/23/2014 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7270 ** Sacks cement on top: 2 ** 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: Brady Riley
Title: Permit Analyst Date: _____ Email: briley@billbarrettcorp.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400890138	WELLBORE DIAGRAM
400890141	WIRELINE JOB SUMMARY
400890143	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)