

**FORM
5A**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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: <u>10071</u>	4. Contact Name: <u>Brady Riley</u>
2. Name of Operator: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 312-8115</u>
3. Address: <u>1099 18TH ST STE 2300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-19801-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>GGU Swanson</u>	Well Number: <u>32D-29-691</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>29</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

Completed Interval

FORMATION: ROLLINSStatus: PRODUCINGTreatment Date: 04/26/2011Date of First Production this formation: 04/20/2011Perforations Top: 7127 Bottom: 7213 No. Holes: 14 Hole size: 2 + 7/8

Provide a brief summary of the formation treatment:

Open Hole: ☐Treated with the Williams Fork Formation. See Williams Fork Treatment Summary.This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 05/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 61 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 61 Bbls H2O: 0 GOR: 0Test Method: flowing Casing PSI: 1200 Tubing PSI: 900 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1133 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6119 Tbg setting date: 05/11/2011 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: _____

FORMATION: WILLIAMS FORKStatus: PRODUCINGTreatment Date: 04/26/2011Date of First Production this formation: 04/30/2011Perforations Top: 5009 Bottom: 7084 No. Holes: 194 Hole size: 2 + 7/8

Provide a brief summary of the formation treatment:

Open Hole: ☐Treatment summary: 1,254,418 lbs 20/40 Sand, 138,800 lbs CRC Sand, 65,339 bbls slickwaterThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 05/18/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 1156 Bbls H2O: 16Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 1156 Bbls H2O: 16 GOR: 19266Test Method: flowing Casing PSI: 1200 Tubing PSI: 900 Choke Size: 24/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1133 API Gravity Oil: 52Tubing Size: 2 + 3/8 Tubing Setting Depth: 6119 Tbg setting date: 05/11/2011 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: _____

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 RileyTitle: Permit Analyst Date: _____ Email: briley@billbarrettcorp.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)