

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:

1637962

**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: 96850 4. Contact Name: ANNIE SMITH  
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 572-3900  
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8265  
City: DENVER State: CO Zip: 80202

5. API Number 05-103-11278-00 6. County: RIO BLANCO  
7. Well Name: FEDERAL RG Well Number: 14-14-298  
8. Location: QtrQtr: SESW Section: 14 Township: 2S Range: 98W Meridian: 6

Completed Interval

FORMATION: <u>WILLIAMS FORK-ILES</u>		Status: <u>N/A</u>	
Treatment Date: <u>01/29/2010</u>		Date of First Production this formation: <u>01/29/2010</u>	
Perforations	Top: <u>7230</u> Bottom: <u>10814</u>	No. Holes: <u>337</u>	Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>643608 GAL 10% HCl ACID, 2577266 # 30/50 AND 100 MESH SAND, 87200 BBLS SLICKWATER</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>03/25/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>2200</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>2200</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2700</u>	Tubing PSI: <u>2450</u>	Choke Size: <u></u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1074</u>	API Gravity Oil: <u></u>
Tubing Size: <u>2.375</u>	Tubing Setting Depth: <u>10679</u>	Tbg setting date: <u>03/19/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

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

Signed: \_\_\_\_\_ Print Name: ANNIE  
Title: SMITH Date: 4/9/2010 Email: ANNIE.SIMTH@WILLIAMS.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 6/21/2010

### **Attachment Check List**

Att Doc Num	Name	Doc Description
1637962	FORM 5A SUBMITTED	LF@2480841 1637962
2553730	WELLBORE DIAGRAM	LF@2481034 2553730

Total Attach: 2 Files