

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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COMPLETED INTERVAL REPORT

Document Number:

1637962

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: WILLIAMS FORK-ILES Status: N/A  
Treatment Date: 01/29/2010 Date of First Production this formation: 01/29/2010  
Perforations Top: 7230 Bottom: 10814 No. Holes: 337 Hole size: 36/100  
Provide a brief summary of the formation treatment: Open Hole:   
643608 GAL 10% HCl ACID, 2577266 # 30/50 AND 100 MESH SAND, 87200 BBLS SLICKWATER  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 03/25/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2200 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2200 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 2700 Tubing PSI: 2450 Choke Size: \_\_\_\_\_  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1074 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2.375 Tubing Setting Depth: 10679 Tbg setting date: 03/19/2010 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: \_\_\_\_\_

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