

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:

2554469

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: ANGELA NEIFERT

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY

Phone: (303) 606-4398

3. Address: 1515 ARAPAHOE ST STE 1000

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-17916-00

6. County: GARFIELD

7. Well Name: WILLIAMS

Well Number: SG 432-32

8. Location: QtrQtr: SENW Section: 32 Township: 7S Range: 96W Meridian: 6

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 07/10/2009

Date of First Production this formation: 07/14/2009

Perforations	Top:	3597	Bottom:	4956	No. Holes:	108	Hole size:	35/100
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Provide a brief summary of the formation treatment:

Open Hole: ☐

4000 GALS 7 1/2% HCL; 658600# 30/50 SAND; 105000# 20/40 SAND 14361 BBLS SLICKEATER; 1991303 SCF N2 (SUMMARY)

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	08/09/2009	Hours:	24	Bbls oil:		Mcf Gas:	1228	Bbls H2O:	
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	Bbls H2O:	0	GOR:
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Test Method: FLOWING	Casing PSI: 630	Tubing PSI: 312	Choke Size: 20/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1079	API Gravity Oil:
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 4850 Tbg setting date: 12/17/2009 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: ANGELA NEIFERT

Title: PERMIT TECHNICIAN Date: 5/11/2010 Email: ANGELA.NEIFERT@WILLIAMS.COM

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

COGCC Approved: _____ Director of COGCC Date: 9/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554469	FORM 5A SUBMITTED	LF @ 2495253 2554469
2554470	WELLBORE DIAGRAM	LF @ 2495254 2554470

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Appears to be duplicate submission of doc number 1665836 submitted 10-19-09	9/21/2010 3:40:27 PM

Total: 1 comment(s)