

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:

2554469

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
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY
3. Address: 1515 ARAPAHOE ST STE 1000
City: DENVER State: CO Zip: 80202
4. Contact Name: ANGELA NEIFERT
Phone: (303) 606-4398
Fax: (303) 629-8285

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
Provide a brief summary of the formation treatment: 4000 GALS 7 1/2% HCL; 658600# 30/50 SAND; 105000# 20/40 SAND 14361 BBLS SLICKEATER; 1991303 SCF N2 (SUMMARY)
Open Hole:
This formation is commingled with another formation: Yes No
Test Information:
Date: 08/09/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 1228 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 630 Tubing PSI: 312 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1079 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4850 Tbg setting date: 12/17/2009 Packer Depth: 0
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. Neslin*

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

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