

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2556987

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: SANDRA SALAZAR  
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 6298456  
 3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 6298272  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-17748-00 6. County: GARFIELD  
 7. Well Name: SAVAGE Well Number: PA 24-4  
 8. Location: QtrQtr: NESW Section: 4 Township: 7S Range: 95W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 01/18/2010 Date of First Production this formation: 01/24/2010

Perforations Top: 4818 Bottom: 6654 No. Holes: 175 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

4496 GALS 7.5% HCL; 1205700# 20/40 SAND; 31647 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 02/28/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1007 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1007 Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 1625 Tubing PSI: 1473 Choke Size: 11/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1067 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6267 Tbg setting date: 02/18/2010 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: \_\_\_\_\_

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: SANDRA SALAZAR

Title: PERMIT TECHNICIAN Date: 6/30/2010 Email SANDRA.SALAZAR@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.

COGCC Approved: \_\_\_\_\_

*David S. Neslin*

Director of COGCC

Date: 10/19/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2556987	FORM 5A SUBMITTED	LF@2518035 2556987
2556988	WELLBORE DIAGRAM	LF@2518036 2556988

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	WELL BORE DIAGRAM INCLUDED.	10/19/2010 4:07:36 PM

Total: 1 comment(s)