

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:

2556977

**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: 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 05-045-15512-00 6. County: GARFIELD  
7. Well Name: SAVAGE Well Number: PA 414-4  
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: 01/20/2010  
Perforations Top: 5027 Bottom: 6864 No. Holes: 164 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
4544 GALS 7.5% HCL; 1150000# 20/40 SAND; 30150 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: 1074 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1074 Bbls H2O: 0 GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 1588 Tubing PSI: 1392 Choke Size: 10/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1059 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6501 Tbg setting date: 02/22/2010 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 G. Neslin*  
Director of COGCC

Date: 10/20/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2556977	FORM 5A SUBMITTED	LF @ 2518045 2556977
2556978	WELLBORE DIAGRAM	LF @ 2518046 2556978

Total Attach: 2 Files