

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:

2555285

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: ANNIE SMITH
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 606-4363
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8285
City: DENVER State: CO Zip: 80202

5. API Number 05-103-11462-00 6. County: RIO BLANCO
7. Well Name: FEDERAL RGU Well Number: 532-24-198
8. Location: QtrQtr: NWSE Section: 24 Township: 1S Range: 98W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CORCORAN</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/05/2010</u>	Date of First Production this formation: <u>04/05/2010</u>
Perforations Top: <u>12008</u> Bottom: <u>12293</u>	No. Holes: <u>29</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>1,491 GAL 10% HCl ACIS, 213,900# 100 MESH AND 30/50 SAND, 8,235 BBLS SLICKWATER.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: <u>05/03/2010</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>SEGO</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>03/31/2010</u>		Date of First Production this formation: <u>03/31/2010</u>			
Perforations	Top: <u>12358</u>	Bottom: <u>12768</u>	No. Holes: <u>39</u>	Hole size: <u>36/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
1747 GAL 10% HCl ACID, 301,300# 100 MESH AND 30/50 SAND, 10,961 BBLS SLICKWATER.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: <u>05/03/2010</u>	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>WILLIAMS FORK - CAMEO</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>04/07/2010</u>		Date of First Production this formation: <u>04/07/2010</u>			
Perforations	Top: <u>9625</u>	Bottom: <u>11524</u>	No. Holes: <u>166</u>	Hole size: <u>36/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
6712 GAL 10% HCl ACID, 1041035# 100 MESH AND 30/50 SABD, 42308 BBLS SLICKWATER.					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: <u>05/03/2010</u>	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

