

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:
2555285

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: ANNIE SMITH
Phone: (303) 606-4363
Fax: (303) 629-8285

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: CORCORAN Status: PRODUCING
Treatment Date: 04/05/2010 Date of First Production this formation: 04/05/2010
Perforations Top: 12008 Bottom: 12293 No. Holes: 29 Hole size: 36/100
Provide a brief summary of the formation treatment: Open Hole:
1,491 GAL 10% HCl ACIS, 213,900# 100 MESH AND 30/50 SAND, 8,235 BBLS SLICKWATER.
This formation is commingled with another formation: Yes 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: 05/03/2010 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: _____

FORMATION: SEGO Status: PRODUCING

Treatment Date: 03/31/2010 Date of First Production this formation: 03/31/2010

Perforations Top: 12358 Bottom: 12768 No. Holes: 39 Hole size: 36/100

Provide a brief summary of the formation treatment: _____ Open Hole:

1747 GAL 10% HCl ACID, 301,300# 100 MESH AND 30/50 SAND, 10,961 BBLs SLICKWATER.

This formation is commingled with another formation: Yes 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: 05/03/2010 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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/07/2010 Date of First Production this formation: 04/07/2010

Perforations Top: 9625 Bottom: 11524 No. Holes: 166 Hole size: 36/100

Provide a brief summary of the formation treatment: _____ Open Hole:

6712 GAL 10% HCl ACID, 1041035# 100 MESH AND 30/50 SABD, 42308 BBLs SLICKWATER.

This formation is commingled with another formation: Yes 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: 05/03/2010 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: _____

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED

Treatment Date: 03/31/2010 Date of First Production this formation: 03/31/2010
Perforations Top: 9625 Bottom: 12768 No. Holes: 234 Hole size: 36/100

Provide a brief summary of the formation treatment: _____ Open Hole:

9950 GAL 10% HCl ACID, 1556235# 100 MESH AND 30/50 SAND, 61,504 BBLs SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/07/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2600 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: FLOWING Casing PSI: 3450 Tubing PSI: 3025 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1090 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12626 Tbg setting date: 05/03/2010 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: ANNIE SMITH

Title: ENG. TECH Date: 6/3/2010 Email ANNIE.SMITH@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. Noshin Director of COGCC Date: 11/1/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555283	OPERATIONS SUMMARY	LF@2503213 2555283
2555284	WELLBORE DIAGRAM	LF@2503212 2555284
2555285	FORM 5A SUBMITTED	LF@2503211 2555285

Total Attach: 3 Files