

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
----	----	----	----

Document Number:

2556027

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

5. API Number 05-045-18276-00 6. County: GARFIELD
7. Well Name: MAHAFFEY Well Number: PA 421-36
8. Location: QtrQtr: NWNW Section: 36 Township: 6S Range: 95W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 02/03/2010 Date of First Production this formation: 02/04/2010
Perforations Top: 5545 Bottom: 7566 No. Holes: 151 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
3768 GALS 7 1/2% HCL; 732400# 30/50 SAND; 22284 BBLS SLICKWATER (SUMMARY)
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 05/31/2010 Hours: 24 Bbls oil: _____ Mcf Gas: 931 Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: _____ Bbls H2O: 0 GOR: _____
Test Method: FLOWING Casing PSI: 765 Tubing PSI: 524 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1074 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7250 Tbg setting date: 02/26/2010 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: ANGELA NEIFERT

Title: PERMIT TECHNICIAN Date: 6/15/2010 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.

COGCC Approved: _____

David S. Neslin

Director of COGCC

Date: 11/8/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556027	FORM 5A SUBMITTED	LF@2509761 2556027
2556028	WELLBORE DIAGRAM	LF@2509762 2556028

Total Attach: 2 Files