

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:

2556117

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 05-045-18277-00 6. County: GARFIELD
 7. Well Name: MAHAFFEY Well Number: PA 22-36
 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: 03/06/2010 Date of First Production this formation: 03/11/2010
 Perforations Top: 5716 Bottom: 7667 No. Holes: 155 Hole size: 35/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
4057 GALS 7 1/2% HCL; 932900# 30/50 SAND; 29702 BBLS SLICKWATER (SUMMARY)
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/31/2010 Hours: 24 Bbls oil: _____ Mcf Gas: 969 Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: _____ Bbls H2O: 0 GOR: _____
 Test Method: FLOWING Casing PSI: 1609 Tubing PSI: 1413 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1067 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7339 Tbg setting date: 04/05/2010 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
2556117	FORM 5A SUBMITTED	LF@2509822 2556117
2556118	WELLBORE DIAGRAM	LF@2509823 2556118

Total Attach: 2 Files