

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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COMPLETED INTERVAL REPORT

Document Number:

2556546

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) 6064363  
Fax: (303) 6298285

5. API Number 05-103-11279-00  
6. County: RIO BLANCO  
7. Well Name: FEDERAL RG  
Well Number: 32-14-298  
8. Location: QtrQtr: SWNE Section: 14 Township: 2S Range: 98W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: COZZETTE Status: PRODUCING  
Treatment Date: 05/03/2009 Date of First Production this formation: 05/03/2009  
Perforations Top: 10133 Bottom: 10266 No. Holes: 14 Hole size: 36/100  
Provide a brief summary of the formation treatment: Open Hole:   
750 GAL 10% HCL ACID, 961383# 100 MESH AND 30/50 SAND, 32752 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: 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: 05/04/2009 Date of First Production this formation: 05/04/2009  
Perforations Top: 7540 Bottom: 9835 No. Holes: 201 Hole size: 36/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

8500 GAL 10% HCL ACID, 961393# 100 MESH AND 30/50 SAND, 32752 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: SOLD Gas Type: DRY BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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 SMITHE

Title: ENG. TECH. Date: 6/30/2010 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. Neslin* Director of COGCC Date: 11/15/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2556546	FORM 5A SUBMITTED	LF@2513314 2556546

Total Attach: 1 Files