

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:

2556548

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) 6064363
 3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 6298285
 City: DENVER State: CO Zip: 80202

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: WILLIAMS FORK-ILES Status: COMMINGLED
 Treatment Date: 04/27/2009 Date of First Production this formation: 04/27/2009
 Perforations Top: 7540 Bottom: 10952 No. Holes: 298 Hole size: 36/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
12500 GAL 10% HCL ACID, 1438078# 100 MESH AND 30/50 SAND, 48762 BBLs SLICKWATER.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 06/22/2009 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: 2600 Tubing PSI: 2175 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1072 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 10847 Tbg setting date: 06/01/2009 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: 7/30/2009 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 |
|-------------|-------------------|--------------------|
| 2556548 | FORM 5A SUBMITTED | LF@2513304 2556548 |

Total Attach: 1 Files