

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:

2556544

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 05-103-11270-00 6. County: RIO BLANCO
 7. Well Name: FEDERAL RG Well Number: 31-14-298
 8. Location: QtrQtr: SWNE Section: 14 Township: 2S Range: 98W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CORCORAN Status: PRODUCING
 Treatment Date: 04/30/2009 Date of First Production this formation: 04/30/2009
 Perforations Top: 10595 Bottom: 10862 No. Holes: 37 Hole size: 36/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
2250 GAL 10% HCl ACID, 202400# 100 MESH AND 30/50 SAND, 6782 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: SEGO Status: PRODUCING

Treatment Date: 04/27/2009 Date of First Production this formation: 04/27/2009

Perforations Top: 10896 Bottom: 11139 No. Holes: 40 Hole size: 36/100

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

1750 GAL 10% HCL ACID, 225200# 100 MESH AND 30/50 SAND, 7226 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: _____

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 |
|-------------|-------------------|--------------------|
| 2556544 | FORM 5A SUBMITTED | LF@2513312 2556544 |

Total Attach: 1 Files