

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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Document Number:

2556574

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: 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 05-045-14786-00 6. County: GARFIELD
7. Well Name: AP Well Number: 331-23-696
8. Location: QtrQtr: SWSE Section: 14 Township: 6S Range: 96W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 03/13/2009 Date of First Production this formation: 03/13/2009
Perforations Top: 6470 Bottom: 8425 No. Holes: 174 Hole size: 36/100
Provide a brief summary of the formation treatment: Open Hole: ☐
8500 GAL 10% HCL ACID, 1167202# 30/50 & 100 MESH SAND, 35556 BBLS SLICKWATER
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 04/20/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 1900 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: FLOWING Casing PSI: 1900 Tubing PSI: 1600 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1050 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8213 Tbg setting date: 04/11/2009 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: 6/24/2010 Email ANNIE.SMITH@WILLIAMS.COM
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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 G. Neslin

Director of COGCC

Date: 11/15/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556574	FORM 5A SUBMITTED	LF@2513282 2556574

Total Attach: 1 Files