

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:  
2556578

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 05-045-14775-00  
6. County: GARFIELD  
7. Well Name: AP  
Well Number: 44-14-696  
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: 06/03/2009 Date of First Production this formation: 06/03/2009  
Perforations Top: 7342 Bottom: 9716 No. Holes: 121 Hole size: 36/100  
Provide a brief summary of the formation treatment: Open Hole:   
5500 GAL 10% HCL ACID, 786273# 100 MESH AND 30/50 SAND, 24935 BBLs SLICKWATER  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 07/10/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 1300 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:  
Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 1100 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 989 API Gravity Oil:  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8505 Tbg setting date: 06/25/2009 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: 6/14/2010 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
2556578	FORM 5A SUBMITTED	LF@2513272 2556578

Total Attach: 1 Files