

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:

2556585

**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 05-045-16090-00 6. County: GARFIELD  
7. Well Name: AP Well Number: 331-17-695  
8. Location: QtrQtr: SWSE Section: 8 Township: 6S Range: 95W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 01/02/2009 Date of First Production this formation: 01/02/2009  
Perforations Top: 9226 Bottom: 11362 No. Holes: 198 Hole size: 36/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
8000 GAL 10% HCL ACID, 1125500# 30/50 SAND, 35538 BBLS SLICKWATER  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 02/23/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 1800 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 2350 Tubing PSI: 1200 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1083 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 11149 Tbg setting date: 02/12/2009 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
2556585	FORM 5A SUBMITTED	LF@2513270 2556585

Total Attach: 1 Files