

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:

2555837

**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: SANDRA SALAZAR  
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 629-8456  
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8272  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17193-00 6. County: GARFIELD  
7. Well Name: SAVAGE Well Number: RWF 14-28  
8. Location: QtrQtr: SWSW Section: 28 Township: 6S Range: 94W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 10/20/2009 Date of First Production this formation: 10/27/2009  
Perforations Top: 5588 Bottom: 7619 No. Holes: 136 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
3513 GALS 7 1/2% HCL; 633081 # 20/40 SAND; 15307 BBLS SLICKWATER (SUMMARY)  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 12/31/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 934 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 934 Bbls H2O: 0 GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 1024 Tubing PSI: 925 Choke Size: 13/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1062 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7260 Tbg setting date: 12/09/2009 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: SANDRA SALAZAR

Title: PERMIT TECHNICIAN Date: 5/31/2010 Email SANDRA.SALAZAR@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 G. Neslin*

Director of COGCC

Date: 11/16/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555837	FORM 5A SUBMITTED	LF @ 2507982 2555837
2555838	WELLBORE DIAGRAM	LF @ 2507983 2555838

Total Attach: 2 Files