

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:
2512594

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: ANGELA NEIFERT
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-18064-00
6. County: GARFIELD
7. Well Name: JOLLEY Well Number: KP 11-16
8. Location: QtrQtr: NWNW Section: 16 Township: 6S Range: 91W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
Treatment Date: 02/21/2010 Date of First Production this formation: 02/22/2010
Perforations Top: 7146 Bottom: 7207 No. Holes: 16 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole:
500 GALS 7 1/2% HCL; 57568# 30/50 SAND; 22999 BBLs SLICKWATER (SUMMARY)
This formation is commingled with another formation: Yes No
Test Information:
Date: 05/31/2010 Hours: 24 Bbls oil: Mcf Gas: 43 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 43 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 664 Tubing PSI: 383 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6761 Tbg setting date: 03/13/2010 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: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 02/22/2010 Date of First Production this formation: 02/23/2010

Perforations Top: 4895 Bottom: 7979 No. Holes: 173 Hole size: 35/100

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

3500 GALS 7 1/2% HCL; 1057649# 30/50 SAND; 66634 BBLs SLICKWATER (SUMMARY)

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 811 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 811 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 664 Tubing PSI: 383 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1080 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6761 Tbg setting date: 03/13/2010 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: ANGELA NEIFERT

Title: PERMIT TECHNICIAN Date: 7/30/2010 Email ANGELA.NEIFERT@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. Nashin Director of COGCC Date: 1/10/2011

Attachment Check List

Att Doc Num	Name
2512594	FORM 5A SUBMITTED
2512595	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	BTU content of Rollins gas requested. dhs	1/10/2011 12:26:38 PM

Total: 1 comment(s)