

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:  
2512589

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 05-045-18068-00  
6. County: GARFIELD  
7. Well Name: JOLLEY Well Number: KP 321-16  
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: 02/22/2010 Date of First Production this formation: 05/14/2010  
Perforations Top: 7261 Bottom: 7329 No. Holes: 18 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole:   
500 GALS 7 1/2% HCL; 59589# 20/40 SAND; 2873 BBLS SLICKWATER (SUMMARY)  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 05/31/2010 Hours: 24 Bbls oil:      Mcf Gas: 41 Bbls H2O:       
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas:      Bbls H2O: 0 GOR:       
Test Method: FLOWING Casing PSI: 861 Tubing PSI: 555 Choke Size: 28/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1030 API Gravity Oil:       
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7206 Tbg setting date: 02/26/2010 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: 05/14/2010

Perforations Top: 4970 Bottom: 7127 No. Holes: 174 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

4021 GALS 7 1/2% HCL; 1043646# 20/40 SAND; 70441 BBLs SLICKWATER (SUMMARY)

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/31/2010 Hours: 24 Bbls oil: \_\_\_\_\_ Mcf Gas: 778 Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: \_\_\_\_\_ Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 861 Tubing PSI: 555 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7206 Tbg setting date: 02/26/2010 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. Neslin Director of COGCC Date: 1/10/2011

**Attachment Check List**

Att Doc Num	Name
2512589	FORM 5A SUBMITTED
2512590	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date
Permit	BTU content of Kokopelli WMFK gas estimated to be about 1070 BTU/ cu ft. BTU content fo Kokopelli WMFK and Rollins gas values requested from operator. dhs	1/10/2011 2:36:56 PM

Total: 1 comment(s)