

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:

2517122

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 LLC Phone: (303) 6298456
 3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 6292872
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-17638-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: RWF 511-19
 8. Location: QtrQtr: SESW Section: 18 Township: 6S Range: 94W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 12/18/2009 Date of First Production this formation: 12/20/2009

Perforations Top: 6709 Bottom: 8644 No. Holes: 138 Hole size: 35/100

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

3774 GALS 7 1/2% HCL: 899821 # 2040 SAND: 24959 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/30/2010 Hours: 24 Bbls oil: _____ Mcf Gas: 1025 Bbls H2O: _____

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

Test Method: FLOWING Casing PSI: 1249 Tubing PSI: 1056 Choke Size: 8/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1100 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8244 Tbg setting date: 02/04/2010 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: SANDRA SALAZAR

Title: PERMIT TECHNICIAN Date: 8/31/2010 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 S. Neslin Director of COGCC Date: 2/7/2011

Attachment Check List

Att Doc Num	Name
2517122	FORM 5A SUBMITTED
2517123	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Date tubing set (2/4/10) does not match date of first sales (12/20/09.) dhs	2/7/2011 11:36:50 AM

Total: 1 comment(s)