

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:  
2584671

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 LLC  
3. Address: 1515 ARAPAHOE ST STE 1000  
City: DENVER State: CO Zip: 80202  
4. Contact Name: SANDRA SALAZAR  
Phone: (303) 629-8456  
Fax: (303) 629-8268

5. API Number 05-045-18707-00  
6. County: GARFIELD  
7. Well Name: FEDERAL Well Number: RWF 644-19  
8. Location: QtrQtr: SWSE Section: 19 Township: 6S Range: 94W Meridian: 6  
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING  
Treatment Date: 01/20/2010 Date of First Production this formation: 02/03/2010  
Perforations Top: 5979 Bottom: 7970 No. Holes: 148 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole:   
3,269 GALS 7 1/2% HCL; 757,905# 20/40 SAND; 21,600 BBLs SLICKWATER (SUMMARY)  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 03/31/2010 Hours: 24 Bbls oil: Mcf Gas: 884 Bbls H2O:  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 884 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 1061 Tubing PSI: 1692 Choke Size: 10/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1089 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7616 Tbg setting date: 03/25/2010 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              |
|-------------|-------------------|
| 2584671     | FORM 5A SUBMITTED |
| 2584672     | WELLBORE DIAGRAM  |

Total Attach: 2 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)