


<b>FORM</b> <b>5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2071846</div>								
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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>96850</u></td> <td style="width: 50%;">4. Contact Name: <u>ANGELA J. NEIFERT</u></td> </tr> <tr> <td>2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u></td> <td>Phone: <u>(303) 606-4398</u></td> </tr> <tr> <td>3. Address: <u>1001 17TH STREET - SUITE #1200</u></td> <td>Fax: <u>(303) 629-8285</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>96850</u>	4. Contact Name: <u>ANGELA J. NEIFERT</u>	2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>	Phone: <u>(303) 606-4398</u>	3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8285</u>	City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	
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Provide a brief summary of the formation treatment: <span style="float: right;">Open Hole: <input type="checkbox"/></span>											
3031 GALS 7 1/2% HCL; 945321# 30/50 SAND; 19963 BBLS SLICKWATER; 157 TONS N2 (SUMMARY)											
This formation is commingled with another formation: <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>											
<b>Test Information:</b>											
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Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If yes, number of sacks cmt _____</span>											
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.  <table style="width: 100%;"> <tr> <td style="width: 50%;">Signed: _____</td> <td style="width: 50%;">Print Name: <u>ANGELA NEIFERT</u></td> </tr> <tr> <td>Title: <u>PERMITTING</u></td> <td>Date: <u>9/10/2010</u> Email: <u>ANGELA.NEIFERT@WILLIAMS.COM</u></td> </tr> </table>				Signed: _____	Print Name: <u>ANGELA NEIFERT</u>	Title: <u>PERMITTING</u>	Date: <u>9/10/2010</u> Email: <u>ANGELA.NEIFERT@WILLIAMS.COM</u>				
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### Attachment Check List

Att Doc Num	Name
2071846	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)