

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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Document Number:
2590978

COMPLETED INTERVAL REPORT

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: JENN MENDOZA
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 260-4533
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-16268-00 6. County: GARFIELD
 7. Well Name: CHEVRON Well Number: TR 313-25-597
 8. Location: QtrQtr: SWNW Section: 25 Township: 5S Range: 97W Meridian: 6
 9. Field Name: TRAIL RIDGE Field Code: 83825

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/25/2010 Date of First Production this formation: 08/06/2010
 Perforations Top: 7250 Bottom: 9403 No. Holes: 235 Hole size: 36/100

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

10498 GALS 10% HCL ACID; 1613122# 20/40 SAND; 46990 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1257 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
 Test Method: FLOWING Casing PSI: 1367 Tubing PSI: 1096 Choke Size: 25/100
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1057 API Gravity Oil: 0
 Tubing Size: 2 + 38/100 Tubing Setting Depth: 9299 Tbg setting date: 08/18/2010 Packer Depth: 0

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: JENN MENDOZA

Title: PERMIT TECH Date: 11/9/2010 Email JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2590978	FORM 5A SUBMITTED
2590979	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)