

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

Document Number:
2590750

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
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: ANGELA NEIFERT
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-15839-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: PA 341-31
8. Location: QtrQtr: NENE Section: 31 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 06/04/2010 Date of First Production this formation: 06/07/2010

Perforations Top: 5133 Bottom: 6878 No. Holes: 124 Hole size: 35/100

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

4013 GALS 7 1/2% HCL; 824300# 30/50 SAND; 22802 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/28/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 838 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 650 Tubing PSI: 489 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1087 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6615 Tbg setting date: 07/01/2010 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: 10/29/2010 Email ANGELA.NEIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2590750	FORM 5A SUBMITTED
2590751	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)