

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		<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
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">2590953</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.							

1. OGCC Operator Number: <u>96850</u>	4. Contact Name: <u>SANDRA SALAZAR</u>
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>	Phone: <u>(303) 629-8456</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8268</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-16327-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>RWF 43-4</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>4</u> Township: <u>7S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>RULISON</u> Field Code: <u>75400</u>	

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/03/2010</u>	Date of First Production this formation: <u>05/06/2010</u>
Perforations Top: <u>6747</u> Bottom: <u>8563</u>	No. Holes: <u>130</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>4000 GALS 7 1/2% HCL; 759900 # 20/40 SAND; 19296 BBLS SLICKWATER (SUMMARY)</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/30/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1011</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>2337</u> Tubing PSI: <u>2186</u> Choke Size: <u>9/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1068</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8242</u> Tbg setting date: <u>06/29/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 10/27/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2590953	FORM 5A SUBMITTED
2590954	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)