

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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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: SANDRA SALAZAR
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 629-8456
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17716-00 6. County: GARFIELD
7. Well Name: DIAZ Well Number: RWF 32-25
8. Location: QtrQtr: SENE Section: 25 Township: 6S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 02/24/2010 Date of First Production this formation: 03/02/2010
Perforations Top: 6595 Bottom: 8477 No. Holes: 172 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: []
4040 GALS 7 1/2% HCL; 802400 # 20/40 SAND; 23953 BBLS SLCIKWATER (SUMMARY)
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 04/30/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 916 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 2252 Tubing PSI: 1980 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1102 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8154 Tbg setting date: 04/02/2010 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 TCHNICIAN Date: 10/8/2010 Email SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2590973	FORM 5A SUBMITTED
2590974	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)