IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 2592419

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 05-045-18415-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: PA 544-21
8. Location: QtrQtr: SWNE Section: 28 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 03/23/2010 Date of First Production this formation: 03/23/2010

Perforations Top: 6480 Bottom: 8461 No. Holes: 144 Hole size: 35/100

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

4502 GALS 7 1/2% HCL; 1052600# 30/50 SAND; 29690 BBLS SLICKWATER (SUMMARY).

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 07/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 996 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1620 Tubing PSI: 1385 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1067 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8116 Tbg setting date: 06/08/2010 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: PERMITTING Date: 12/9/2010 Email: ANGELA.NEIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2592419	FORM 5A SUBMITTED
2592420	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)