


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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2592423</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>96850</u>		4. Contact Name: <u>ANGELA NEIFERT</u>					
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>		Phone: <u>(303) 606-4398</u>					
3. Address: <u>1001 17TH STREET - SUITE #1200</u>		Fax: <u>(303) 629-8285</u>					
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>							
5. API Number <u>05-045-06610-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>ARCO</u>		Well Number: <u>MV-21-31</u>					
8. Location: QtrQtr: <u>SENE</u> Section: <u>31</u> Township: <u>6S</u> Range: <u>96W</u> Meridian: <u>6</u>							
9. Field Name: <u>GRAND VALLEY</u>		Field Code: <u>31290</u>					
<u>Completed Interval</u>							
FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>ABANDONED COMPLETION</u>					
Treatment Date: <u>07/02/2010</u>		Date of First Production this formation: _____					
Perforations Top: <u>6208</u> Bottom: <u>6632</u>		No. Holes: <u>37</u> Hole size: _____					
Provide a brief summary of the formation treatment: _____		Open Hole: <input type="checkbox"/>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: _____ Hours: _____		Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____					
Calculated 24 hour rate: _____		Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____					
Test Method: _____		Casing PSI: _____ Tubing PSI: _____ Choke Size: _____					
Gas Disposition: <u>VENTED</u>		Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____					
Tubing Size: _____ Tubing Setting Depth: _____		Tbg setting date: _____ Packer Depth: _____					
Reason for Non-Production: _____							
<div style="border: 1px solid black; padding: 2px;">NO REASON GIVEN</div>							
Date formation Abandoned: <u>07/02/2010</u>		Squeeze: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>699</u>					
Bridge Plug Depth: <u>257</u>		Sacks cement on top: <u>2</u>					
Comment: _____							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: _____		Print Name: <u>ANGELA NEIFERT</u>					
Title: <u>PERMIT TECHNICIAN</u>		Date: <u>11/30/2010</u> Email <u>ANGELA.NEIFERT@WILLIAMS.COM</u>					

Attachment Check List

Att Doc Num	Name
2592423	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)