

**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:  
2592457

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

5. API Number 05-045-18398-00 6. County: GARFIELD  
 7. Well Name: FEDERAL Well Number: PA 542-28  
 8. Location: QtrQtr: SWNE Section: 28 Township: 6S Range: 95W Meridian: 6  
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 03/23/2010 Date of First Production this formation: 03/24/2010  
 Perforations Top: 5866 Bottom: 7875 No. Holes: 148 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

4101 GALS 7 1/2% HCL; 1286750# 30/50 SAND; 31139 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: 1058 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: \_\_\_\_\_ Bbls H2O: 0 GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 970 Tubing PSI: 733 Choke Size: 20/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1074 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7575 Tbg setting date: 08/04/2009 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 J NEIFFERT  
 Title: PERMIT TECHNICIAN Date: 12/22/2010 Email ANGELA.NEIFFERT@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Name
2592457	FORM 5A SUBMITTED
2592458	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)