

FORM 5A Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 2592402

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 NEIFERT
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 05-045-18405-00 6. County: GARFIELD
7. Well Name: FEDERAL Well Number: PA 433-28
8. Location: QtrQtr: SWNE Section: 28 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 03/22/2010 Date of First Production this formation: 03/20/2010
Perforations Top: 5434 Bottom: 7669 No. Holes: 173 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: []
4506 GALS 7 1/2% HCL; 1504622# 30/50 SAND; 32837 BBLs SLICKWATER (SUMMARY)

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 07/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 877 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: Bbls H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 1044 Tubing PSI: 731 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1065 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7321 Tbg setting date: 06/18/2010 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 J NEIFERT
Title: PERMIT TECHNICIAN Date: 12/1/2010 Email: ANGELA.NEIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2592402	FORM 5 SUBMITTED
2592404	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)