

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



DE	ET	OE	ES
----	----	----	----

Document Number:

1633944

**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) 606-4396  
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18048-00 6. County: GARFIELD  
7. Well Name: FEDERAL Well Number: PA 533-21  
8. Location: QtrQtr: NESW Section: 21 Township: 6S Range: 95W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/07/2010</u>		Date of First Production this formation: <u>04/08/2010</u>	
Perforations	Top: <u>6299</u> Bottom: <u>8431</u>	No. Holes: <u>152</u>	Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>4500 GALS 7 1/2% HCL; 1223000 30/50 SAND; 33738 BBLS SLICKWATER (SUMMARY).</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>07/31/2010</u>	Hours: <u>234</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1111</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: _____ Bbls H2O: <u>0</u> GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>2360</u>	Tubing PSI: <u>2228</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1074</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8127</u>	Tbg setting date: <u>05/16/2010</u>	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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-KRAISER  
Title: PERMITTING Date: 2/8/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.CO

### Attachment Check List

Att Doc Num	Name
1633944	FORM 5A SUBMITTED
1633945	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)