

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">1634676</div>				
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: <u>96850</u>	4. Contact Name: <u>ANGELA ANGELA J. NEIFERT-KR</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>05-045-18044-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>PA 523-21</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>21</u> Township: <u>6S</u> Range: <u>95W</u> Meridian: <u>6</u>	
9. Field Name: <u>PARACHUTE</u> Field Code: <u>67350</u>	

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>6061</u> Bottom: <u>8229</u>	No. Holes: <u>175</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment: <u>5006 GALS 7 1/2% HCL; 1128600# 30/50 SAND; 38131 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>08/31/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>933</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>1832</u> Tubing PSI: <u>1662</u> Choke Size: <u>20/64</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>7894</u>	Tbg setting date: <u>05/12/2010</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: 2/16/2011 Email: ANGELA.NEIFERT@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Name
1634676	FORM 5A SUBMITTED
1634677	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)