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|---|--|---|---|----|----|----|----|
| <b>FORM 5A</b><br>Rev 02/08   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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:<br><br><div style="text-align: center; border: 1px solid black; padding: 5px;">1634064</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>SANDRA SALAZAR</u> |
| 2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u> | Phone: <u>(303) 629-8456</u>           |
| 3. Address: <u>1001 17TH STREET - SUITE #1200</u>               | Fax: <u>(303) 629-8272</u>             |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>          |  |

|  |                                |
|--|--------------------------------|
| 5. API Number <u>05-045-17781-00</u>   | 6. County: <u>GARFIELD</u>     |
| 7. Well Name: <u>SAVAGE</u>  | Well Number: <u>RWF 543-27</u> |
| 8. Location: QtrQtr: <u>NWSE</u> Section: <u>27</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u> |                                |
| 9. Field Name: <u>RULISON</u> Field Code: <u>75400</u>   |                                |

Completed Interval

|  |  |
|--|--|
| FORMATION: <u>WILLIAMS FORK - CAMEO</u>  | Status: <u>PRODUCING</u>   |
| Treatment Date: <u>09/20/2010</u>  | Date of First Production this formation: <u>09/25/2010</u>               |
| Perforations Top: <u>5624</u> Bottom: <u>7561</u>  | No. Holes: <u>157</u> Hole size: <u>35/100</u>                           |
| Provide a brief summary of the formation treatment:  | Open Hole: <input type="checkbox"/>                                      |
| <u>4497 GALS 7 1/2% HCL; 777814 # 20/40 SAND; 21336 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>12/31/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1046</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>1738</u> Tubing PSI: <u>1502</u> Choke Size: <u>10/64</u> |
| Gas Disposition: <u>SOLD</u>   | Gas Type: <u>DRY</u> BTU Gas: <u>1003</u> API Gravity Oil: <u>0</u>      |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7235</u> Tbg setting date: <u>11/08/2010</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: SANDRA SALAZAR

Title: PERMITTING Date: 1/31/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 1634064     | FORM 5A SUBMITTED |
| 1634065     | 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)