

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:

1634938

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: JENN MENDOZA
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 260-4533
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
City: DENVER State: CO Zip: 80202

5. API Number 05-045-14120-00 6. County: GARFIELD
7. Well Name: CHEVRON Well Number: TR 423-14-597
8. Location: QtrQtr: SWSE Section: 14 Township: 5S Range: 97W Meridian: 6
9. Field Name: TRAIL RIDGE Field Code: 83825

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 09/04/2010 Date of First Production this formation: 10/06/2010

Perforations Top: 7056 Bottom: 9464 No. Holes: 245 Hole size: 36/100

Provide a brief summary of the formation treatment: Open Hole: []

9908 GALS 7.5% HCL ACID; 1569861# 20/40 SAND; 49976 BBLS SLICKWATER (SUMMARY).

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

Test Information:

Date: 10/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1183 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: FLOWING Casing PSI: 1991 Tubing PSI: 1350 Choke Size: 25/100

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9338 Tbg setting date: 11/10/2010 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: JENN MENDOZA

Title: PERMIT TECH Date: 3/28/2011 Email JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
1634938	FORM 5A SUBMITTED
1634939	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	BTU GAS IS A REQUIRED FIELD IF MCF GAS IS DATA ENTERED.	4/27/2011 3:45:04 PM

Total: 1 comment(s)