

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		<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				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;"> 1636393 </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>JENN MENDOZA</u>
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>	Phone: <u>(303) 260-4533</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>05-103-11628-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>FEDERAL RGU</u>	Well Number: <u>41-26-198</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>25</u> Township: <u>1S</u> Range: <u>98W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: <u>CORCORAN</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/18/2010</u>	Date of First Production this formation: <u>10/19/2010</u>
Perforations Top: <u>11871</u> Bottom: <u>12229</u>	No. Holes: <u>41</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>2000 GALS 10% HCL ACID; 258029# 30/50 SAND; 9339 BBLS SLICKWATER (SUMMARY).</u>	
This formation is commingled with another formation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: ILES Status: COMMINGLED

Treatment Date: 10/15/2010 Date of First Production this formation: 10/19/2010

Perforations Top: 9513 Bottom: 12518 No. Holes: 256 Hole size: 35/100

Provide a brief summary of the formation treatment: _____ Open Hole:

12748 GALS 10% HCL ACID; 1609428# 30/50 SAND; 61198 BBLs SLICKWATER (SUMMARY).

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/07/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1548 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1748 Tubing PSI: 1257 Choke Size: 3/8

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 1131

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12321 Tbg setting date: 02/24/2011 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: _____

FORMATION: SEGO Status: PRODUCING

Treatment Date: 10/15/2010 Date of First Production this formation: 10/19/2010

Perforations Top: 12267 Bottom: 12518 No. Holes: 40 Hole size: 35/100

Provide a brief summary of the formation treatment: _____ Open Hole:

2000 GALS 10% HCL ACID; 277231# 30/50 SAND; 10463 BBLs SLICKWATER (SUMMARY).

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 10/22/2010 Date of First Production this formation: 10/22/2010

Perforations Top: 9513 Bottom: 11427 No. Holes: 175 Hole size: 35/100

Provide a brief summary of the formation treatment: _____ Open Hole:

8748 GALS 10% HCL ACID; 1074168# 30/50 SAND; 41396 BBLs SLICKWATER (SUMMARY).

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: 5/10/2011 Email JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
1636393	FORM 5A SUBMITTED
1636394	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Data Entry	CHECK FORMATION NAME - ILES; CHECK BTU GAS.	7/7/2011 9:03:38 AM

Total: 1 comment(s)