



**COMPLETED INTERVAL REPORT**

**RECEIVED**  
**FEB 25 2011**  
**COGCC**

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.

Complete the Attachment Checklist

OP OGCC

wellbore diagram

☒

☐

☐

1. OGCC Operator Number: <u>96850</u>	4. Contact Name <u>Sandra Salazar</u>
2. Name of Operator: <u>Williams Production RMT Company</u>	Phone: <u>(303) 629-8456</u>
3. Address: <u>1515 Arapahoe St., Tower 3, Suite 1000</u>	Fax: <u>(303) 629-8272</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	
5. API Number <u>05-045-17190-00</u>	6. County: <u>Garfield</u>
7. Well Name: <u>Savage</u>	Well Number: <u>RWF 424-28</u>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSW Sec. 28-T6S-R94W</u>	

**FORMATION:** WFCM

Status

Producing

Treatment Date: 10/29/09

Date of First Production this formation: 10/27/09

Perforations Top: 5730 7823 No. Holes 129 Hole size: .35"

Provide a brief summary of the formation treatment:

Open Hole ☐

3594 Gals 7 1/2% HCL; 696000 # 20/40 Sand; 16167 Bbls Slickwater (Summary)

This formation is commingled with another formation

☒ No

**Test Information:**

Date: 12/31/09 Hours: 24 Bbls oil: 0 Mcf Gas 972 Bbls H<sub>2</sub>O: 0

Calculated 24 hour rate: Bbls oil:            Mcf Gas:            Bbls H<sub>2</sub>O:            GOR:           

Test Method: Flowing Casing PSI: 1208 Tubing PSI: 1110 Choke size: 13/64

Gas Disposition: Sold Gas Type: Dry BTU Gas: 1065 API Gravity Oil:           

Tubing Size: 2 3/8" Tubing Setting Depth: 7549 Tbg setting date: 12/16/09 Packer Depth:           

Reason for Non-Production:           

Date formation Abandoned:            Squeezed ☐ Yes ☐ No If yes number of sacks cmt           

Bridge Plug Depth:            Sacks cement on top:           

**FORMATION:**           

Status

Treatment Date:           

Date of First Production this formation:           

Perforations Top:            Bottom:            No. Holes            Hole size:           

Provide a brief summary of the formation treatment:

Open Hole ☐

This formation is commingled with another formation

☐

**Test Information:**

Date:            Hours:            Bbls oil:            Mcf Gas:            Bbls H<sub>2</sub>O:           

Calculated 24 hour rate: Bbls oil:            Mcf Gas:            Bbls H<sub>2</sub>O:            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:            Squeezed ☐ Yes ☐ No If yes number of sacks cmt           

Bridge Plug Depth:            Sacks cement on top:           

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Sandra Salazar Email: Sandra.Salazar@Williams.com

Signature:            Title: Permit Technician Date: