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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

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>	

wellbore diagram	<input checked="" type="checkbox"/>	
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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 H₂O: 0
 Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H₂O: _____ 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 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: _____ 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: _____