

FORM  
5A  
Rev 12/05

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



OE ET DE ES

## 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.

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

Complete the  
Attachment  
ChecklistOP OGCC  
wellbore diagram X

**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:  
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: Solid 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:

5/31/10