IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission	DE	ET	OE	ES

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

COMPLETED INTERVAL REPORT

Document Number:

1635640

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
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC
3. Address: 1001 17TH STREET - SUITE #1200
   City: DENVER   State: CO   Zip: 80202

4. Contact Name: SANDRA SALAZAR
   Phone: (303) 629-8456
   Fax: (303) 629-8272

5. API Number   05-045-09391-00
6. County: GARFIELD
7. Well Name: FEDERAL   Well Number: RWF 333-17
8. Location: QtrQtr: NWSE   Section: 17   Township: 6S   Range: 94W   Meridian: 6
9. Field Name: RULISON   Field Code: 75400

Completed Interval

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: ☐ 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: SANDRA SALAZAR

Title: PERMITTING   Date: 4/25/2011   Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
1635640	FORM 5A SUBMITTED
1635641	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Data Entry	CHECK BTU GAS IS A REQUIRED FIELD IF MCF GAS IS ENTERED. CHECK API GRAVITY OIL WHICH IS A REQUIRED FIELD IF BBLS OIL IS ENTERED.	5/26/2011 10:21:22 AM

Total: 1 comment(s)