

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



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Document Number:
2568413

COMPLETED INTERVAL REPORT

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 4. Contact Name: SANDRA SALAZAR
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 629-8456
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8272
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-17142-00 6. County: GARFIELD
 7. Well Name: POTTER Well Number: RWF 11-31
 8. Location: QtrQtr: NENW Section: 31 Township: 6S Range: 94W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/28/2009 Date of First Production this formation: 05/02/2009
 Perforations Top: 5956 Bottom: 7969 No. Holes: 145 Hole size: 35/100

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

4001 GALS 7 1/2 % HCL; 841000 # 20/40 SAND; 37864 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/31/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 1081 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: FLOWING Casing PSI: 1877 Tubing PSI: 1672 Choke Size: 11/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1046 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7327 Tbg setting date: 06/30/2009 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: PERMIT TECHNICIAN Date: 7/20/2011 Email SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2568413	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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