


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">2586962</div>	DE	ET	OE	ES																																									
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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.																																																
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Bridge Plug Depth: _____		Sacks cement on top: _____																																														

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/28/2006</u>		Date of First Production this formation: <u>10/04/2006</u>	
Perforations	Top: <u>10380</u>	Bottom: <u>10626</u>	No. Holes: <u>18</u>
		Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>880 GALS 10% HCL ACID; 77750# 20/40 SAND; 2048 BBLS SLICKWATER.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____
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: _____			
<u>880 GALS 10% HCL ACID; 77750# 20/40 SAND; 2048 BBLS SLICKWATER.</u>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>SEGO</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/27/2006</u>		Date of First Production this formation: <u>10/04/2006</u>	
Perforations	Top: <u>10670</u>	Bottom: <u>10883</u>	No. Holes: <u>20</u>
		Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>880 GALS 10% HCL ACID; 77750# 20/40 SAND; 2048 BBLS SLICKWATER.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____
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: _____			
<u>880 GALS 10% HCL ACID; 77750# 20/40 SAND; 2048 BBLS SLICKWATER.</u>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>WILLIAMS FORK - CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>09/29/2006</u>		Date of First Production this formation: <u>10/04/2006</u>			
Perforations	Top: <u>7807</u>	Bottom: <u>9853</u>	No. Holes: <u>187</u>	Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>4781 GALS 10% HCL ACID; 485750# 20/40 SAND; 12020 BBLS SLICKWATER.</u>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: _____					
<u> </u>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>WILLIAMS FORK-ILES</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/28/2006</u>		Date of First Production this formation: <u>10/04/2006</u>			
Perforations	Top: <u>7807</u>	Bottom: <u>10884</u>	No. Holes: <u>259</u>	Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>7291 GALS 10% HCL ACID; 646840# 20/40 SAND; 17756 BBLS SLICKWATER (SUMMARY)</u>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: <u>11/10/2006</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1163</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>960</u>	Tubing PSI: <u>555</u>	Choke Size: <u>24/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1106</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>106558</u>	Tbg setting date: <u>10/31/2006</u>	Packer Depth: _____		
Reason for Non-Production: _____					
<u> </u>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: JENN MENDOZA

Title: PERMIT TECH Date: 4/27/2011 Email JENN.MENDOZA@WILLIAMS.COM
:

Attachment Check List

Att Doc Num	Name
2586962	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	WFCMILES: BTU GAS IS REQUIRED IF MCF GAS IS ENTERED. WFILES USED - WFCM/ILES NOT AVAILABLE IN PULL DOWN THEREFORE WF/ILES ENTERED.	7/28/2011 10:53:25 AM

Total: 1 comment(s)