

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;"> 2586963 </div>				
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: <u>96850</u>	4. Contact Name: <u>JENN MENDOZA</u>
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>	Phone: <u>(303) 260-4533</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8285</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-103-10753-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>FEDERAL RGU</u>	Well Number: <u>23-17-198</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>17</u> Township: <u>1S</u> Range: <u>98W</u> Meridian: <u>6</u>	
9. Field Name: <u>SULPHUR CREEK</u> Field Code: <u>80090</u>	

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/07/2006</u>	Date of First Production this formation: <u>12/17/2006</u>
Perforations Top: <u>10486</u> Bottom: <u>10651</u>	No. Holes: <u>16</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>500 GALS 10% HCL ACID; 53200# 20/40 SAND; 4466 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: _____	
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: _____	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 12/06/2006 Date of First Production this formation: 12/17/2006

Perforations Top: 10712 Bottom: 10847 No. Holes: 16 Hole size: 42/100

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

750 GALS 10% HCL ACID; 96500# 20/40 SAND; 2411 BBLs SLICKWATER

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: _____

FORMATION: SEGO Status: PRODUCING

Treatment Date: 12/06/2006 Date of First Production this formation: 12/17/2006

Perforations Top: 10914 Bottom: 11315 No. Holes: 33 Hole size: 42/100

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

750 GALS 10% HCL ACID; 193000# 20/40 SAND; 5522 BBLs SLICKWATER.

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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 12/06/2006 Date of First Production this formation: 12/17/2006

Perforations Top: 8294 Bottom: 10228 No. Holes: 166 Hole size: 42/100

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

6534 GALS 10% HCL ACID; 591800# 20/40 SAND; 16265 BBLs SLICKWATER.

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: _____

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED

Treatment Date: 12/06/2006 Date of First Production this formation: _____

Perforations Top: 8294 Bottom: 11315 No. Holes: 231 Hole size: 42/100

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

8534 GALS 10% HCL ACID; 934500# 20/40 SAND; 28664 BBLs SLICKWATER (SUMMARY)

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/11/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 13044 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: FLOWING Casing PSI: 1700 Tubing PSI: 1050 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1109 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 11228 Tbg setting date: 12/19/2006 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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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
2586963	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	WFCM/ILES NOT AVAILABLE IN PULLDOWN WF/ILES USED BTU GAS MUST BE FILLED IN IF MCRF GAS IS ENTERED.	7/28/2011 9:59:02 AM

Total: 1 comment(s)