


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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="border: 1px solid black; padding: 5px; text-align: center;">2586963</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
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>					
<u>Completed Interval</u>							
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"/>					
500 GALS 10% HCL ACID; 53200# 20/40 SAND; 4466 BBLS SLICKWATER							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Test Information:</b>							
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
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: _____						

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/06/2006</u>		Date of First Production this formation: <u>12/17/2006</u>	
Perforations	Top: <u>10712</u>	Bottom: <u>10847</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>750 GALS 10% HCL ACID; 96500# 20/40 SAND; 2411 BBLS SLICKWATER</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
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>750 GALS 10% HCL ACID; 96500# 20/40 SAND; 2411 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>12/06/2006</u>		Date of First Production this formation: <u>12/17/2006</u>	
Perforations	Top: <u>10914</u>	Bottom: <u>11315</u>	No. Holes: <u>33</u>
		Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>750 GALS 10% HCL ACID; 193000# 20/40 SAND; 5522 BBLS SLICKWATER.</u>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
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>750 GALS 10% HCL ACID; 193000# 20/40 SAND; 5522 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>12/06/2006</u>		Date of First Production this formation: <u>12/17/2006</u>			
Perforations	Top: <u>8294</u>	Bottom: <u>10228</u>	No. Holes: <u>166</u>	Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>6534 GALS 10% HCL ACID; 591800# 20/40 SAND; 16265 BBLS SLICKWATER.</u>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
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>12/06/2006</u>		Date of First Production this formation: _____			
Perforations	Top: <u>8294</u>	Bottom: <u>11315</u>	No. Holes: <u>231</u>	Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>8534 GALS 10% HCL ACID; 934500# 20/40 SAND; 28664 BBLS SLICKWATER (SUMMARY)</u>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
Date: <u>01/11/2007</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>13044</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>1700</u>	Tubing PSI: <u>1050</u>	Choke Size: <u>24/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1109</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>11228</u>	Tbg setting date: <u>12/19/2006</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: _____
<u> </u>

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**

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