


FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</small>		<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						
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> 2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u> 3. Address: <u>1001 17TH STREET - SUITE #1200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		4. Contact Name: <u>SANDRA SALAZAR</u> Phone: <u>(303) 629-8456</u> Fax: <u>(303) 629-8272</u>					
5. API Number <u>05-045-18097-00</u> 7. Well Name: <u>PA</u> 8. Location: QtrQtr: <u>SWSW</u> Section: <u>6</u> Township: <u>7S</u> Range: <u>95W</u> Meridian: <u>6</u> 9. Field Name: <u>PARACHUTE</u> Field Code: <u>67350</u>		6. County: <u>GARFIELD</u> Well Number: <u>14-6</u>					
<u>Completed Interval</u>							
FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>06/26/2009</u>		Date of First Production this formation: <u>06/30/2009</u>					
Perforations	Top: <u>4510</u> Bottom: <u>6137</u>	No. Holes: <u>100</u>	Hole size: <u>35/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
2504 GALS 7 1/2 % HCL; 772300 # 20/40 SAND; 21954 BBLS SLICKWATER							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>07/31/2009</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1261</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>1608</u>	Tubing PSI: <u>1516</u>	Choke Size: <u>13/64</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>5917</u>	Tbg setting date: <u>07/28/2009</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
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: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: _____		Print Name: <u>SANDRA SALAZAR</u>					
Title: <u>PERMIT TECHNICIAN</u>	Date: <u>7/20/2011</u>	Email <u>SANDRA.SALAZAR@WILLIAMS.COM</u>					

Attachment Check List

Att Doc Num	Name
2568437	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)