

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



DE	ET	OE	ES
----	----	----	----

COMPLETED INTERVAL REPORT

Document Number:
1635150

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>SANDRA SALAZAR</u>
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>	Phone: <u>(303) 629-8456</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8268</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-18749-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>SAVAGE</u>	Well Number: <u>RWF 331-35</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>35</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>RULISON</u> Field Code: <u>75400</u>	

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 06/21/2010 Date of First Production this formation: 06/23/2010

Perforations Top: 8104 Bottom: 8263 No. Holes: 24 Hole size: 35/100

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

500 GALS 7 1/2% HCL; 14833 # 20/40 SAND; 4206 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 734 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 990 Tubing PSI: 817 Choke Size: 9/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1143 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8202 Tbg setting date: 09/22/2010 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: CORCORAN Status: PRODUCING

Treatment Date: 06/21/2010 Date of First Production this formation: _____

Perforations Top: 8417 Bottom: 8499 No. Holes: 19 Hole size: 35/100

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

500 GALS 7 1/2% HCL; 79000 # 20/40 SAND; 2181 BBLS SLICKWATER (SUMMARY).

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: 24 Bbls oil: 0 Mcf Gas: 734 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 990 Tubing PSI: 817 Choke Size: 9/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1143 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8202 Tbg setting date: 09/22/2010 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: PERMITTING Date: 3/28/2011 SANDRA.SALAZAR@WILLIAMS.COM

Email
:

Attachment Check List

Att Doc Num	Name
1635150	FORM 5A SUBMITTED
1635151	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)