

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



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Document Number:

1635150

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: 96850

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

3. Address: 1001 17TH STREET - SUITE #1200

City: DENVER State: CO Zip: 80202

4. Contact Name: SANDRA SALAZAR

Phone: (303) 629-8456

Fax: (303) 629-8268

5. API Number 05-045-18749-00

7. Well Name: SAVAGE

8. Location: QtrQtr: NWNE Section: 35 Township: 6S Range: 94W Meridian: 6

9. Field Name: RULISON Field Code: 75400

6. County: GARFIELD

Well Number: RWF 331-35

Completed Interval

FORMATION: COZZETTEStatus: PRODUCINGTreatment Date: 06/21/2010Date of First Production this formation: 06/23/2010Perforations 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: 0Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: Test Method: FLOWING Casing PSI: 990 Tubing PSI: 817 Choke Size: 9/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1143 API Gravity Oil: 0Tubing 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: CORCORANStatus: PRODUCINGTreatment Date: 06/21/2010Date 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: 0Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: Test Method: FLOWING Casing PSI: 990 Tubing PSI: 817 Choke Size: 9/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1143 API Gravity Oil: 0Tubing 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 SALAZARTitle: 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)