

**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:

1636553

## 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

4. Contact Name: SANDRA SALAZAR

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 629-8456

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

Fax: (303) 629-8268

City: DENVER                      State: CO                      Zip: 80202

5. API Number 05-045-17715-00

6. County: GARFIELD

7. Well Name: DIAZ

Well Number: RWF 441-25

8. Location: QtrQtr: SENE Section: 25 Township: 6S Range: 94W Meridian: 6

9. Field Name: RULISON Field Code: 75400

### Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date:	02/24/2010	Date of First Production this formation:	02/26/2010
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Perforations	Top:	6178	Bottom:	8435	No. Holes:	195	Hole size:	35/100
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Provide a brief summary of the formation treatment:

Open Hole: 

4539 GALS 7 1/2% HCL; 1005783 # 20/40 SAND; 26962 BBLS SLICKWATER (SUMMARY).

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date:	04/30/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	1033	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: FLOWING	Casing PSI: 1720	Tubing PSI: 1509	Choke Size: 11/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1088	API Gravity Oil:	0
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 7997      Tbg setting date: 04/14/2010      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: 4/29/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	API GRAVITY OIL IS REQUIRED FIELD IF BBLS OIL IS ENTERED.	6/30/2011 9:49:52 AM

Total: 1 comment(s)