

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:

1636383

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 05-045-17337-00
6. County: GARFIELD
7. Well Name: SAVAGE
Well Number: RWF 31-26
8. Location: QtrQtr: SENE Section: 26 Township: 6S Range: 94W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 08/14/2010 Date of First Production this formation: 08/17/2010
Perforations Top: 5981 Bottom: 8142 No. Holes: 163 Hole size: 35/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
4511 GALS 7 1/2% HCL; 1100102 # 20/40 SAND; 34113 BBLS SLICKWATER (SUMMARY)
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1156 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: FLOWING Casing PSI: 2202 Tubing PSI: 1955 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1086 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7803 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: PERMIT TECHNICIAN II Date: 4/29/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
1636383	FORM 5A SUBMITTED
1636384	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)