

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 1636513

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: ANGELA J NEIFERT-KRAISER
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-15414-00
6. County: GARFIELD
7. Well Name: CHARIS
Well Number: PA 413-2
8. Location: QtrQtr: NESW Section: 2 Township: 7S Range: 95W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 09/20/2010 Date of First Production this formation: 09/20/2010
Perforations Top: 5364 Bottom: 7379 No. Holes: 158 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

3510 GALS 7 1/2% HCL; 161300 100 MESH; 146600# 20/40 SAND; 786300# 30/50 SAND; 30579 BBLs SLICKWATER (SUMMARY)

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 11/30/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1095 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: Bbls H2O: 0 GOR:

Test Method: FLOWING Casing PSI: 1641 Tubing PSI: 1540 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1050 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7092 Tbg setting date: 10/14/2010 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: ANGELA J NEIFERT-KRAISER

Title: REGULATORY SPECIALIST Date: 4/25/2004 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

### Attachment Check List

Att Doc Num	Name
1636513	FORM 5A SUBMITTED
1636514	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)