

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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

5. API Number 05-045-18105-00
6. County: GARFIELD
7. Well Name: FEDERAL Well Number: PA 44-17
8. Location: QtrQtr: NENE Section: 20 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 09/22/2010 Date of First Production this formation: 09/23/2010

Perforations Top: 7198 Bottom: 9038 No. Holes: 155 Hole size: 35/100

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

4000 GALS 7 1/2% HCL; 1315200# 30/50 SAND; 37380 BBLs SLICKWATER (SUMMARY) TUBING SIZE 2 3/8; TUBING SETTING DEPTH 8756.

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

Test Information:

Date: 12/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1073 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1073 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1714 Tubing PSI: 1356 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1069 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: 5/27/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

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

Total: 0 comment(s)