

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



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

Document Number: 1635870

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 05-045-19563-00
6. County: GARFIELD
7. Well Name: CDOW
Well Number: KP 21-26
8. Location: QtrQtr: SESW Section: 23 Township: 6S Range: 91W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 09/20/2010 Date of First Production this formation: 10/02/2010
Perforations Top: 5214 Bottom: 7478 No. Holes: 125 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
3459 GALS 7 1/2% HCL; 933400# 30/50 SAND; 58085 BBLS SLICKWATER (SUMMRY).
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 11/30/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 972 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: Bbls H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 1058 Tubing PSI: 600 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1165 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6173 Tbg setting date: 10/10/2010 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 Date: 4/18/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
1635870	FORM 5A SUBMITTED
1635871	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)