

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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| DE | ET | OE | ES |
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Document Number:

1636811

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: ANGELA NEIFERT-KRAISER  
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 606-4398  
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18040-00 6. County: GARFIELD  
7. Well Name: FEDERAL Well Number: PA 413-21  
8. Location: QtrQtr: NESW Section: 21 Township: 6S Range: 95W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 07/24/2010 Date of First Production this formation: 07/25/2010  
Perforations Top: 6141 Bottom: 8272 No. Holes: 174 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
460 GALS 7 1/2% HCL; 1399602# 30/50 SAND; 37593 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: 1073 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: \_\_\_\_\_ Bbls H2O: 0 GOR: \_\_\_\_\_  
Test Method: FLOWING Casing PSI: 1932 Tubing PSI: 1653 Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1053 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7957 Tbg setting date: 09/03/2010 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 NEIFERT-KRAISER  
Title: REGULATORY SPECIALIST Date: 3/31/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

### Attachment Check List

| Att Doc Num | Name              |
|-------------|-------------------|
| 1636811     | FORM 5A SUBMITTED |
| 1636812     | WELLBORE DIAGRAM  |

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)