

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:

2586950

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: 10286 4. Contact Name: JENN MENDOZA
2. Name of Operator: WILLIAMS PRODUCTION RYAN GULCH LLC Phone: (303) 260-4533
3. Address: 1515 ARAPAHOE ST TWR 3 STE 1000 Fax: (303) 629-8285
City: DENVER State: CO Zip: 80202

5. API Number 05-103-11518-00 6. County: RIO BLANCO
7. Well Name: FEDERFAL RG Well Number: 531-16-397
8. Location: QtrQtr: NWNE Section: 16 Township: 3S Range: 97W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: <u>CORCORAN</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/21/2010</u>	Date of First Production this formation: <u>11/26/2010</u>
Perforations Top: <u>11675</u> Bottom: <u>11846</u>	No. Holes: <u>37</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment: <u>988 GAL 7.5% HCL ACID; 114800# 30/50 SAND; 4610 BBLs SLICKWATER</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>SEGO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>10/14/2010</u>		Date of First Production this formation: <u>11/26/2010</u>			
Perforations	Top: <u>11963</u>	Bottom: <u>12232</u>	No. Holes: <u>43</u>	Hole size: <u>36/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>2000 GAL 7.5% HCL ACID; 208267# 30/50 SAND; 8149 BBLS SLICKWATER</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____					
Bridge Plug Depth: _____ Sacks cement on top: _____					

FORMATION: <u>WILLIAMS FORK - CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>10/21/2010</u>		Date of First Production this formation: <u>11/26/2010</u>			
Perforations	Top: <u>8660</u>	Bottom: <u>11099</u>	No. Holes: <u>182</u>	Hole size: <u>36/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>9000 GAL 7.5% HCL ACID; 1125997# 30/50 SAND; 42380 BBLS SLICKWATER</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____					
Bridge Plug Depth: _____ Sacks cement on top: _____					

FORMATION: WILLIAMS FORK-ILES

Status: COMMINGLED

Treatment Date: 10/14/2010

Date of First Production this formation: 11/26/2010

Perforations Top: 8660 Bottom: 12232 No. Holes: 262 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

11988 GAL 7.5% HCL ACID; 1449064# 30/50 SAND; 55139 BBLS SLICKWATER

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: 01/26/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1402 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1402 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 2252 Tubing PSI: 1425 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1048 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12062 Tbg setting date: 12/17/2010 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: JENN MENDOZA

Title: PERMIT TECH Date: 4/25/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2586950	FORM 5A SUBMITTED
2586951	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)