

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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COMPLETED INTERVAL REPORT

Document Number:
2556863

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: ANNIE SMITH
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 606-4363
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-17809-00 6. County: GARFIELD
 7. Well Name: CHEVRON Well Number: TR 324-28-597
 8. Location: QtrQtr: SESW Section: 28 Township: 5S Range: 97W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 08/05/2009 Date of First Production this formation: 08/05/2009
 Perforations Top: 8639 Bottom: 8829 No. Holes: 21 Hole size: 36/100
 Provide a brief summary of the formation treatment: Open Hole:
1,023 GAL HCL ACID, 152,300 # 100 MESH AND 30/50 SAND, 4,341 BBLs SLICKWATER.
 This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 07/29/2009 Date of First Production this formation: 07/29/2009

Perforations Top: 8857 Bottom: 9004 No. Holes: 23 Hole size: 36/100

Provide a brief summary of the formation treatment: _____ Open Hole:

1,000 BBLS 10% HCL ACID, 292,400 # 100 MESH AND 30/50 SAND, 8,296 BBLS SLICKWATER.

This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: ILES Status: PRODUCING

Treatment Date: 07/29/2009 Date of First Production this formation: 07/29/2009

Perforations Top: 8639 Bottom: 9004 No. Holes: 44 Hole size: 36/100

Provide a brief summary of the formation treatment: _____ Open Hole:

2,000 GAL HCL ACID, 292,400 # 100 MESH AND 30/50 SAND 8,296 BBLS SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/27/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 1200 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: 1000 Choke Size: 16/100

Gas Disposition: VENTED Gas Type: DRY BTU Gas: 1 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8891 Tbg setting date: 08/25/2009 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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 05/09/2010 Date of First Production this formation: 05/09/2010

Perforations Top: 6336 Bottom: 6336 No. Holes: 210 Hole size: 36/100

Provide a brief summary of the formation treatment: _____ Open Hole:

9,500 GAL 10% HCL ACID 1,410,524 # 100 MESH AND 30/50 SAND, 46,575 BBLs SLICKWATER.

This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED

Treatment Date: 07/29/2009 Date of First Production this formation: 07/29/2009

Perforations Top: 6336 Bottom: 9004 No. Holes: 254 Hole size: 36/100

Provide a brief summary of the formation treatment: _____ Open Hole:

11,500 GAL HCL ACID, 1,702,924 # 100 MESH AND 30/50 SAND 54,870 BBLs SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 750 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1550 Tubing PSI: 1250 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8891 Tbg setting date: 08/25/2009 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: ANNIE SMITH

Title: ENGINEER TECH Date: 7/9/2010 Email: ANNIE.SMITH@WILLIAMS.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2556863	FORM 5A SUBMITTED
2556864	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ FORM 5 AND ATTACHMENTS.	8/9/2011 10:03:00 AM

Total: 1 comment(s)