

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:

2568397

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: SANDRA SALAZAR  
Phone: (303) 626-8456  
Fax: (303) 629-8272

5. API Number 05-045-15677-00  
6. County: GARFIELD  
7. Well Name: FEDERAL  
Well Number: RWF 441-17  
8. Location: QtrQtr: SENE Section: 17 Township: 6S Range: 94W Meridian: 6  
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 09/09/2009 Date of First Production this formation: 09/11/2009  
Perforations Top: 6566 Bottom: 8818 No. Holes: 147 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
3993 GALS 7 1/2 % HCL; 636600 # 20/40 SAND; 19233 BBLS SLICKWATER  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 10/31/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 810 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:  
Test Method: FLOWING Casing PSI: 2207 Tubing PSI: 2014 Choke Size: 9/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1103 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8424 Tbg setting date: 10/20/2009 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: SANDRA SALAZAR

Title: PERMIT TECHNICIAN Date: 7/20/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name
2568397	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)