

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:

2587002

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) 629-8456
Fax: (303) 629-8268

5. API Number 05-045-16873-00
6. County: GARFIELD
7. Well Name: Savage
Well Number: SR 322-9
8. Location: QtrQtr: SWNW Section: 9 Township: 7S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: <u>03/13/2011</u>
Perforations Top: <u>6517</u> Bottom: <u>8667</u>	No. Holes: <u>169</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>5679 GALS 7 1/2% HCL; 1225083# 20/40 SAND; 34050 BBLS SLICKWATER (SUMMARY)</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/30/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1064</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>FLOWING</u> Casing PSI: <u>2372</u> Tubing PSI: <u>1909</u> Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1051</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8287</u> Tbg setting date: <u>03/25/2011</u> 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: _____	

Comment:

FORM 5 DOC #2587004

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: PERMITTING Date: 5/31/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2587002	FORM 5A SUBMITTED
2587003	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)