

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:
2586959

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: JENN MENDOZA
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 260-4533
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

5. API Number 05-103-10605-00 6. County: RIO BLANCO
 7. Well Name: FEDERAL RG Well Number: 13-1-398
 8. Location: QtrQtr: NWSW Section: 1 Township: 3S Range: 98W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 06/13/2006 Date of First Production this formation: 07/01/2006
 Perforations Top: 10215 Bottom: 10327 No. Holes: 17 Hole size: 42/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
500 GALS 10% HCL ACID; 48050# 20/40 SAND; 2496 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: 06/12/2006 Date of First Production this formation: 07/01/2006

Perforations Top: 10495 Bottom: 10717 No. Holes: 18 Hole size: 42/100

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

750 GALS 10% HCL ACID; 458050# 20/40 SAND; 2496 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: SEGO Status: PRODUCING

Treatment Date: 06/12/2006 Date of First Production this formation: 07/01/2006

Perforations Top: 10816 Bottom: 10978 No. Holes: 20 Hole size: 42/100

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

750 GALS 10% HCL ACID; 71000# 20/40 SAND; 2581 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 - CAMEO Status: PRODUCING

Treatment Date: 06/12/2006 Date of First Production this formation: 07/01/2006

Perforations Top: 7355 Bottom: 9963 No. Holes: 210 Hole size: 42/100

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

8720 GALS 10% HCL ACID; 739100# 20/40 SAND; 20061 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: 06/12/2006 Date of First Production this formation: 07/01/2006

Perforations Top: 7355 Bottom: 10978 No. Holes: 265 Hole size: 42/100

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

10720 GALS 10% HCL ACID; 906200# 20/40 SAND; 27634 BBLs SLICKWATER (SUMMARY).

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/10/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 379 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 794 Tubing PSI: 537 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1095 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10927 Tbg setting date: 02/08/2007 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
2586959	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	WILLIAMS FORK ILES FORMATION: BTU GAS IS REQUIRED ENTRY IF MCF GAS IS ENTERED.	7/25/2011 2:59:34 PM

Total: 1 comment(s)