

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2587125

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: ANGELA J. NEIFERT-KRAISER

Phone: (303) 606-4398

Fax: (303) 629-8285

5. API Number 05-045-19197-00

6. County: GARFIELD

7. Well Name: WRIGHT, CASTEEL AND

Well Number: SG 334-28

8. Location: QtrQtr: SWSE Section: 28 Township: 7S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 10/20/2010 Date of First Production this formation: 10/24/2010

Perforations Top: 3825 Bottom: 4894 No. Holes: 106 Hole size: 35/100

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

2505 GALS 7 12% HCL; 773551# 30/50 SAND; 16721 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 01/30/2011 Hours: 21 Bbls oil: 0 Mcf Gas: 933 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 933 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 592 Tubing PSI: 429 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1071 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4708 Tbg setting date: 01/12/2011 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:

FORM 5 DOC #2587127

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY Date: 6/14/2011 Email ANGELA.NEIFERT-KRAISER@WILLIAMS.

Attachment Check List

Att Doc Num	Name
2587125	FORM 5A SUBMITTED
2587126	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	rec'd test date & hrs.	9/20/2011 7:31:49 AM
Permit	REQ'D TEST DATE & HRS.	8/17/2011 8:29:15 AM
Data Entry	API GRAVITY IS REQUIRED IF BBLS OIL IS ENTERED.	8/2/2011 10:20:52 AM

Total: 3 comment(s)