

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:

2588833

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 05-103-11452-00 6. County: RIO BLANCO
7. Well Name: FEDERAL RGU Well Number: 414-24-198
8. Location: QtrQtr: NWNW Section: 25 Township: 1S Range: 98W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 03/11/2011 Date of First Production this formation: 04/02/2011

Perforations Top: 11931 Bottom: 12332 No. Holes: 42 Hole size: 35/100

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

2590 GALS OF 7.5% HCL ACID; 280467# OF WHITE 30/50 SAND; 10491 BBLS SLICKWATER (SUMMARY).

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: <u>SEGO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>03/11/2011</u>		Date of First Production this formation: <u>04/02/2011</u>			
Perforations	Top: <u>12360</u>	Bottom: <u>12663</u>	No. Holes: <u>39</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
1939 GALS OF 7.5% HCL ACID; 277242# OF WHITE 30/50 SAND; 10210 BBLS SLICKWATER (SUMMARY).					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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: _____			

FORMATION: <u>WILLIAMS FORK - CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>04/02/2011</u>			
Perforations	Top: <u>9590</u>	Bottom: <u>11507</u>	No. Holes: <u>149</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
8768 GALS OF 7.5% HCL ACID; 1233154# OF WHITE 30/50 SAND; 44670 BBLS SLICKWATER (SUMMARY).					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>					
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: _____			

FORMATION: WILLIAMS FORK-ILES

Status: COMMINGLED

Treatment Date: 03/09/2011

Date of First Production this formation: 04/02/2011

Perforations Top: 9590 Bottom: 12663 No. Holes: 230 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

13297 GALS OF 7.5% HCL ACID; 1790863# OF WHITE 30/50 SAND; 65371 BBLs SLICKWATER (SUMMARY).

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 09/06/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1342 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1397 Tubing PSI: 989 Choke Size: 25/100

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1111 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12369 Tbg setting date: 03/31/2011 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 #2588835

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: 9/23/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2588833	FORM 5A SUBMITTED
2588834	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Data Entry	WILLIAMSFORK/ILES FORMATION: BTU GAS MUST BE ENTERED IF MCF GAS IS FILLED IN.	10/24/2011 9:37:53 AM

Total: 1 comment(s)