

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:

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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 NEIFERT-KRASIER
Phone: (303) 606-4398
Fax:

5. API Number 05-045-17483-00
6. County: GARFIELD
7. Well Name: Williams Well Number: GM 421-33
8. Location: QtrQtr: NWNW Section: 33 Township: 6S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/29/2010 Date of First Production this formation: 11/30/2011
Perforations Top: 5513 Bottom: 7015 No. Holes: 108 Hole size: 35/100

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

2749 Gals 7 1/2% HCL; 689615# 40/70 Sand; 23184 Bbls Slickwater;(Summary)

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

Test Information:

Date: 01/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 720 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 720 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 471 Tubing PSI: 227 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1035 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6820 Tbg setting date: 12/28/2010 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: ANGELA NEIFERT-KRAISER
Title: REGULATORY SPECIALIST Date: Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)