

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 4. Contact Name: ANGELA NEIFERT-KRASIER  
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 606-4398  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202

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**

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

Total: 0 comment(s)