

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 2285007

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: MATT BARBER
Phone: (303) 606-4385
Fax: (303) 629-8268

5. API Number 05-045-19600-00
6. County: GARFIELD
7. Well Name: Federal
Well Number: PA 522-21
8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 03/15/2011 Date of First Production this formation: 03/16/2011
Perforations Top: 6744 Bottom: 8644 No. Holes: 140 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
5517 GALS 7 1/2% HCL; 796,986# 40/70 SAND; 24,226 BBLs SLICKWATER (SUMMARY).
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 04/17/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1436 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 2248 Tubing PSI: 2041 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1055 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8343 Tbg setting date: 04/08/2011 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 #2285009

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: MATT BARBER
Title: REGULATORY Date: 9/21/2011 Email: MATT.BARBER@WILLIAMS.COM

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
2285007	FORM 5A SUBMITTED
2285008	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)