

**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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COMPLETED INTERVAL REPORT

Document Number:

2508479

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: <u>96850</u>	4. Contact Name: <u>SANDRA SALAZAR</u>
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>	Phone: <u>(303) 629-8456</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 6298268</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-10178-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>RWF 413-19</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>19</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u>	
9. Field Name: <u>RULISON</u> Field Code: <u>75400</u>	

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: ABANDONED COMPLETION

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 7946 Bottom: 8023 No. Holes: 11 Hole size: 42/100

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

750 GALS 7 1/2% HCL; 63000# 30/50, 1618 BBLS SLICK WATER

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:

TUBING STUCK AND NEEDED TO BE CUT. DECIDED IT WAS ENECONOMICAL TO FISH TUBING AND NO GUARANTEE OF RECOVERING THE FISH BECAUSE OF PAST WELL HISTORY W/SAND-COAL FINES CAUSING PROBLEMS WITH PRODUCTION.

Date formation Abandoned: 07/12/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7500 Sacks cement on top: 5

FORMATION: WILLIAMS FORK Status: ABANDONED COMPLETION

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 8144 Bottom: 8313 No. Holes: 14 Hole size: 42/100

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

1000 GALS 7 1/2% HCL; 56300 # 30/50 SAND; 1704 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: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

TUBING STUCK AND NEEDED TO BE CUT. DECIDED IT WAS ENECONOMICAL TO FISH TUBING AND NO GUARANTEE OF RECOVERING THE FISH BECAUSE OF PAST WELL HISTORY W/SAND-COAL FINES CAUSING PROBLEMS WITH PRODUCTION.

Date formation Abandoned: 07/12/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7500 Sacks cement on top: 5

Comment:

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

Signed: _____ Print Name: SANDRA SALAZAR
Title: PERIT TECH II Date: 8/10/2011 Email SANDRA.SALAZAR@WILLIAMS.COM
:

Attachment Check List

Att Doc Num	Name
2508479	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)