

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:

2285448

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 05-045-19669-00 6. County: GARFIELD  
 7. Well Name: ExxonMobil Well Number: GM 344-27  
 8. Location: QtrQtr: NWSE Section: 27 Township: 6S Range: 96W Meridian: 6  
 9. Field Name: GRAND VALLEY Field Code: 31290

### Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 06/07/2011 Date of First Production this formation: 06/23/2011

Perforations Top: 5205 Bottom: 7185 No. Holes: 156 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

961300# 30/50 SAND; 25184 BBLs SLICKWATER (SUMMARY)

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 10/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 967 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1035 Tubing PSI: 652 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1040 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7381 Tbg setting date: 07/07/2011 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: \_\_\_\_\_

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 II Date: 10/20/2011 Email: JENN.MENDOZA@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Name
2285448	FORM 5A SUBMITTED
2285449	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)