

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:

2285448

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: 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

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

Total: 0 comment(s)