

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

Document Number: 2285215

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
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 05-045-18107-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: PA 31-20
8. Location: QtrQtr: NENE Section: 20 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 11/03/2010 Date of First Production this formation: 11/05/2010
Perforations Top: 7042 Bottom: 9009 No. Holes: 153 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: []
3250 GALS 7 1/2% HCL; 722694# 30/50 SAND; 126,452# 100-MESH; 225,495# 40/70; 29,873 BBLS SLICKWATER (SUMMARY).
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 03/22/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1020 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 1463 Tubing PSI: 1190 Choke Size: 13/60
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1073 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8705 Tbg setting date: 02/05/2011 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 #2285217

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: 10/7/2011 Email: MATT.BARBER@WILLIAMS.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2285215	FORM 5A SUBMITTED
2285216	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)