

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:

2285316

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
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4. Contact Name: ANGELA J.
NEIFERT-KRAISER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4398

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number	05-045-18212-00
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6. County: GARFIELD

7. Well Name: GM

Well Number: 522-27

8. Location: QtrQtr: SWNE Section: 27 Township: 6S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO	Status: PRODUCING
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Treatment Date: 12/23/2010 Date of First Production this formation: 12/24/2010

Perforations	Top:	5444	Bottom:	7122	No. Holes:	117	Hole size:	35/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

3538 GALS OF 7 1/2% HCL; 686300# OF 30/50 SAND; 20876 BBLS SLICKWATER (SUMMARY).

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 02/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1341 Bbls H2O: 0

Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: FLOWING Casing PSI: 1218 Tubing PSI: 1088 Choke Size: 48/64

Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1067	API Gravity Oil:	0
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 6871 Tbg setting date: 01/25/2011 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 # 2285313

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

Signed: _____ Print Name: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY Date: 10/11/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

Attachment Check List

Att Doc Num	Name
2285316	FORM 5A SUBMITTED
2285317	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)