

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: 2285139

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: JENN MENDOZA
Phone: (303) 260-4533
Fax: (303) 629-8285

5. API Number 05-045-15896-00
6. County: GARFIELD
7. Well Name: CHEVRON
Well Number: TR 323-36-597
8. Location: QtrQtr: NENW Section: 36 Township: 5S Range: 97W Meridian: 6
9. Field Name: TRAIL RIDGE Field Code: 83825

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 10/05/2010 Date of First Production this formation: 10/27/2010
Perforations Top: 6801 Bottom: 9021 No. Holes: 199 Hole size: 36/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
5250 GALS 10% HCL ACID; 1694739# 20/40 SAND; 53904 BBLs SLICKWATER (SUMMARY).
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 10/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1257 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 1800 Tubing PSI: 1500 Choke Size: 22/100
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1051 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8801 Tbg setting date: 10/24/2010 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 #2285141

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 Date: 3/17/2011 Email: JENN.MENDOZA@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name
2285139	FORM 5A SUBMITTED
2285140	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PER R.E. PERMITTER REPORTING MESA VERDA IS OK, WMFK NOT NEEDED EXCEPT TO BE IN MV FORMATION	12/15/2011 11:32:53 AM
Permit	REQ TOP FOR WMFK	12/13/2011 11:00:25 AM
Data Entry	CHECK CHOKE SIZE. CHECK BTU GAS - MUST BE ENTERED IF MCF GAS IS ENTERED.	11/16/2011 3:24:42 PM

Total: 3 comment(s)