

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 2286060

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: ANGELA J. NEIFERT-KRAISER
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-18103-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: PA 414-16
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: 12/21/2010 Date of First Production this formation: 12/27/2010
Perforations Top: 7472 Bottom: 9529 No. Holes: 113 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: []
3000 GALS OF 7.5% HCL; 868800# OF 40/70 SAND; 24638 BBLs SLICKWATER (SUMMARY)
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 03/31/2011 Hours: 24 Bbls oil: Mcf Gas: 990 Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 1285 Tubing PSI: 893 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9215 Tbg setting date: 01/21/2011 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# 2286062

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: 11/8/2011 ANGELA.NEIFERT-KRAISER@WILLIAMS.

Email
:

Attachment Check List

Att Doc Num	Name
2286060	FORM 5A SUBMITTED
2286061	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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