

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:

2286050

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 NEIFERT-KRAISER

Phone: (303) 606-4398

Fax: (303) 629-8285

5. API Number 05-045-19449-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: KP 523-18

8. Location: QtrQtr: SWSE Section: 18 Township: 6S Range: 91W Meridian: 6

9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: WILLIAMS FK-ROLLINS-CAMEO Status: PRODUCING

Treatment Date: 07/11/2011 Date of First Production this formation: 07/15/2011

Perforations Top: 5205 Bottom: 7270 No. Holes: 231 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: ☐

6762 GALS OF 7.5% HCL; 1265798 # OF 20/40 SAND; 53633 BBLS SLICKWATER (SUMMARY).

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

Test Information:

Date: 08/31/2011 Hours: 24 Bbls oil: Mcf Gas: 1368 Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: FLOWING Casing PSI: 994 Tubing PSI: 650 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1203 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6334 Tbg setting date: 07/14/2011 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# 2286052

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-KRAI

Title: PERMITTING Date: 11/2/2011 Email ANGELA.NEIFERT-KRAISER@WILLIAMS.

Attachment Check List

Att Doc Num	Name
2286050	FORM 5A SUBMITTED
2286051	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added field name	1/17/2012 11:37:44 AM
Data Entry	CHECK FORMATION NAME.	12/23/2011 11:51:02 AM

Total: 2 comment(s)