

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: 2286040

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 05-045-19448-00
6. County: GARFIELD
7. Well Name: Federal Well Number: KP 414-18
8. Location: QtrQtr: SWSE Section: 18 Township: 6S Range: 91W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 07/08/2011 Date of First Production this formation: 07/16/2011
Perforations Top: 5833 Bottom: 7900 No. Holes: 236 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: []
6773 GALS OF 7.5% HCL; 1291200 # OF 20/40 SAND; 35570 BBLs SLICKWATER (SUMMARY).
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 08/31/2011 Hours: 24 Bbls oil: Mcf Gas: 1188 Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 999 Tubing PSI: 583 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1182 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6939 Tbg setting date: 07/15/2011 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# 2286042

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: 11/1/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2286040	FORM 5A SUBMITTED
2286041	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 5:28:13 PM

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