

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

COMPLETED INTERVAL REPORT

Document Number: 2286229

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: MATT BARBER
Phone: (303) 606-4385
Fax: (303) 629-8268

5. API Number 05-045-19017-00
6. County: GARFIELD
7. Well Name: DIAMOND ELK
Well Number: PA 431-12
8. Location: QtrQtr: NWNE Section: 12 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 03/29/2011 Date of First Production this formation: 04/04/2011

Perforations Top: 5972 Bottom: 7973 No. Holes: 147 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

3780 GALS 7.5% HCL; 824,313 # OF 30/50 SAND; 23,209 BBLs SLICKWATER (SUMMARY).

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 05/11/2011 Hours: 24 Bbls oil: Mcf Gas: 783 Bbls H2O:

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

Test Method: FLOWING Casing PSI: 1257 Tubing PSI: 863 Choke Size: 14/60

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1067 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7666 Tbg setting date: 04/19/2011 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 DOCUMENT6 #2286226

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

Signed: Print Name: MATT BARBER

Title: SR. REGULATORY SPECIALIST Date: 11/28/2011 Email: MATT.BARBER@WILLIAMS.COM

### Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u>       |
|--------------------|-------------------|
| 2286229            | FORM 5A SUBMITTED |
| 2286230            | WELLBORE DIAGRAM  |

Total Attach: 2 Files

### General Comments

| <u>User Group</u> | <u>Comment</u>   | <u>Comment Date</u>     |
|-------------------|------------------|-------------------------|
| Permit            | Added field name | 1/18/2012<br>2:14:23 PM |

Total: 1 comment(s)