

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: 2286490

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: SANDRA SALAZAR
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-19729-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 323-27
8. Location: QtrQtr: SESW Section: 27 Township: 6S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 06/28/2011 Date of First Production this formation: 07/09/2011
Perforations Top: 5479 Bottom: 7068 No. Holes: 110 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: []
955165 # 30/50 SAND; 24523 BBLS SLICKWATER; (SUMMARY)
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 08/31/2011 Hours: 21 Bbls oil: Mcf Gas: 1011 Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 662 Tubing PSI: 272 Choke Size: 13/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1074 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6870 Tbg setting date: 07/19/2011 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 DOCUMENT #2286487

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: SANDRA SALAZAR
Title: PERMITTING Date: 11/29/2011 Email SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------|
| 2286490 | FORM 5A SUBMITTED |
| 2286491 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|------------------|-------------------------|
| Permit | Added field name | 1/23/2012 2:06:59 PM |

Total: 1 comment(s)