

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: 2286510

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: SANDRA SALAZAR
Phone: (303) 629-8456
Fax: (303) 629-8285

5. API Number 05-045-19025-00
6. County: GARFIELD
7. Well Name: DIAMOND ELK
Well Number: PA 31-12
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: 04/27/2011 Date of First Production this formation: 05/03/2011
Perforations Top: 6050 Bottom: 8027 No. Holes: 146 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
3780 GALS 7 1/2% HCL; 852900# 30/50 SAND; 23274 BBLS SLICKWATER (SUMMARY)
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 06/30/2011 Hours: 24 Bbls oil: Mcf Gas: 1126 Bbls H2O:
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: Bbls H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 1325 Tubing PSI: 1070 Choke Size: 16/65
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1074 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7721 Tbg setting date: 05/16/2011 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:

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: PERMIT TECHNICIAN II Date: 11/29/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2286510	FORM 5A SUBMITTED
2286511	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added field name	1/24/2012 9:21:57 AM

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