

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:

2330183

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 J. NEIFERT
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-18304-00
6. County: GARFIELD
7. Well Name: SPECIALTY RESTAURANTS
Well Number: SG 412-33
8. Location: QtrQtr: SWNW Section: 33 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/07/2010</u>	Date of First Production this formation: <u>06/03/2010</u>
Perforations Top: <u>3488</u> Bottom: <u>4805</u>	No. Holes: <u>117</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>2512 GAL 7 1/2% HCL 689138# 30/50 SAND; 18939 BBLS SLICKWATER; 367 TONS CO2 (SUMMARY).</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/06/2010</u> Hours: <u>24</u> Bbls oil: <u> </u> Mcf Gas: <u>589</u> Bbls H2O: <u> </u>	
Calculated 24 hour rate: <u> </u> Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u> GOR: <u> </u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>741</u> Tubing PSI: <u>517</u> Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1027</u> API Gravity Oil: <u> </u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>4590</u> Tbg setting date: <u>07/23/2010</u> Packer Depth: <u> </u>	
Reason for Non-Production: <u> </u>	
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>	

Comment:

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: 7/29/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

Attachment Check List

Att Doc Num	Name
2330183	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added field name Changed test information time to 24 hours	1/30/2012 12:08:17 PM

Total: 1 comment(s)