

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:

2286739

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 05-045-17485-00

6. County: GARFIELD

7. Well Name: Williams

Well Number: GM 312-33

8. Location: QtrQtr: NWNW Section: 33 Township: 6S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/29/2010 Date of First Production this formation: 11/30/2010

Perforations Top: 5055 Bottom: 6547 No. Holes: 111 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: ☐

2607 GALS 7 1/2% HCL; 703691# 40/70 SAND; 19163 SLICKWATER (SUMMARY)

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 01/31/2011 Hours: 24 Bbls oil:            Mcf Gas: 940 Bbls H2O:           

Calculated 24 hour rate:            Bbls oil: 0 Mcf Gas:            Bbls H2O: 0 GOR:           

Test Method: FLOWING Casing PSI: 967 Tubing PSI: 836 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1064 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6333 Tbg setting date: 12/27/2010 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: ANGELA J NEIFERT-KRAISER

Title: REGULATORY SPECIALIST Date: 11/30/2011 Email ANGELA.NEIFERT-KRAISER@WILLIAMS.

### Attachment Check List

Att Doc Num	Name
2286739	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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