

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:

2286982

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) 629-8268

5. API Number 05-045-19984-00  
6. County: GARFIELD  
7. Well Name: Federal  
Well Number: SR 334-9  
8. Location: QtrQtr: NWSE Section: 9 Township: 7S Range: 94W Meridian: 6  
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 06/12/2011 Date of First Production this formation: 06/20/2011  
Perforations Top: 7122 Bottom: 8950 No. Holes: 131 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
3500 GALS 7.5% HCL; 1039550 # OF 20/40 SAND; 29284 BBLS SLICKWATER (SUMMARY).  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 07/31/2011 Hours: 24 Bbls oil:            Mcf Gas: 1154 Bbls H2O:             
Calculated 24 hour rate: Bbls oil:            Mcf Gas:            Bbls H2O:            GOR:             
Test Method: FLOWING Casing PSI: 2435 Tubing PSI: 1960 Choke Size: 11/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1032 API Gravity Oil:             
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8763 Tbg setting date: 06/24/2011 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 DOC# 2286984

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: 12/30/2011 Email SANDRA.SALAZAR@WILLIAMS.COM

### **Attachment Check List**

Att Doc Num	Name
2286982	FORM 5A SUBMITTED
2286983	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Added field name	2/15/2012 3:27:22 PM

Total: 1 comment(s)