

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:
400258647

Date Received:

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 4. Contact Name: Matt Barber
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 606-4385
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 6298268
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20221-00 6. County: GARFIELD
 7. Well Name: ExxonMobil Well Number: GM 322-26
 8. Location: QtrQtr: LOT1 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: 10/20/2011 Date of First Production this formation: 10/30/2011

Perforations Top: 6394 Bottom: 8168 No. Holes: 124 Hole size: 0.35

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

2001 gal 7.5% HCL; 798203# 30/50 Sand; 27792 BBLs of Slickwater (Summary)

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1025 Bbls H2O: 0

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

Test Method: Flowing Casing PSI: 2071 Tubing PSI: 1636 Choke Size: 11/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1075 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7964 Tbg setting date: 11/10/2011 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: Matt Barber

Title: Sr Regulatory Specialist Date: _____ Email matt.barber@williams.com

Attachment Check List

Att Doc Num	Name
400258663	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)