

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
3. Address: 1515 ARAPAHOE ST STE 100
City: DENVER State: CO Zip: 80202
4. Contact Name: SANDRA SALAZAR
Phone: (303) 572-3900
Fax: (303) 629-8265
Email:

5. API Number 05-045-17549-00
6. County: GARFIELD
7. Well Name: BUXTON
Well Number: RWF 524-30
8. Location: QtrQtr: NESW Section: 30 Township: 6S Range: 94W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type:

Treatment Date: 04/27/2009 End Date: Date of First Production this formation: 04/29/2009

Perforations Top: 5888 Bottom: 7708 No. Holes: 121 Hole size: 35/100

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

4058 GALS 7 1/2% HCL; 632700# 20/40 SAND; 18559 BBLs SLICKWATER

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/30/2009 Hours: 24 Bbl oil: 0 Mcf Gas: 1443 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: 0
Test Method: FLOWING Casing PSI: 2048 Tubing PSI: 1925 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1045 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7257 Tbg setting date: 06/17/2009 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y

Print Name: SANDRA SALAZAR

Title: PERMIT TECHNICIAN

Date: 11/10/2009

Email: SANDRA.SALAZAR@WILLIAMS.COM

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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)