



Handwritten initials and marks at the top right of the page.

FORM 5A Rev 6/99

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax (303) 894-2109



FOR OGCC USE ONLY

COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

Complete the Attachment Checklist

1. OGCC Operator Number: 96850
2. Name of Operator: Williams Production RMT Company
3. Address: 1515 Arapahoe Street, Tower 3, Suite 1000
4. Contact Name and Telephone: Brucene S. Souta
5. API Number: 05-103-10078
6. County: Rio Blanco
7. Well Name: Halandras
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SW/4 NW/4 Section 21-T3S-R94W

Attachment Checklist table with columns for Wellbore Diagram, Site Facility Diagram, and checkboxes for Oper and OGCC.

List in order of completion:

FORMATION: (A) ILES
Producing [] Abandoned [X] Shut-In [] Commingled []
Perforations Gross Interval: Top 13015' Bottom 13125' No. Holes: 4 Size: 0.34" Open Hole Completion (check if yes) []

Formation Treatment Describe: "G" Function tests with 7.5% HCL.

Test Information Date, Hours, Bbls Oil, MCF Gas, Bbls H2O, Production Test Method, Casing Pressure, Flowing Tubing Pressure, Choke Size, API Gravity Oil, BTU Gas, Gas Disposition, Calculated 24 Hr. Rate, Bbls Oil, MCF Gas, Bbls H2O, GOR.

Production Method, Tubing Size, Setting Depth, Packer Depth, Reason for Non-Production.

Abandonment of Zone Date: 10/5/01, Squeezed: [] Y [X] N, Sacks Cement, Bridge Plug Depth: 13,000', Sacks Cement on Top.

FORMATION: (B) ILES
Producing [] Abandoned [X] Shut-In [] Commingled []
Perforations Gross Interval: Top 12,726' Bottom 12,936' No. Holes: 12 Size: 0.34" Open Hole Completion (check if yes) []

Formation Treatment Describe: "G" Function tests with 7.5% HCL. Stimulated with 68,300# sand & 761 bbls gel.

Test Information Date, Hours, Bbls Oil, MCF Gas, Bbls H2O, Production Test Method, Casing Pressure, Flowing Tubing Pressure, Choke Size, API Gravity Oil, BTU Gas, Gas Disposition, Calculated 24 Hr. Rate, Bbls Oil, MCF Gas, Bbls H2O, GOR.

Production Method, Tubing Size, Setting Depth, Packer Depth, Reason for Non-Production.

Abandonment of Zone Date: 10/23/01, Squeezed: [] Y [X] N, Sacks Cement, Bridge Plug Depth: 12,700', Sacks Cement on Top.

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

Print Name: Brucene S. Souta

Signed: [Signature] Title: Sr. Engineering Tech Date: 11/19/02

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax (303) 894-2109



FOR OGCC USE ONLY

COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

Complete the Attachment Checklist

1. OGCC Operator Number: <u>96850</u>	4. Contact Name and Telephone <u>Brucene S. Souta</u>	<table border="1"> <tr> <th>Oper</th> <th>OGCC</th> </tr> <tr> <td>Wellbore Diagram</td> <td></td> </tr> <tr> <td>Site Facility Diagram</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Oper	OGCC	Wellbore Diagram		Site Facility Diagram							
Oper	OGCC													
Wellbore Diagram														
Site Facility Diagram														
2. Name of Operator: <u>Williams Production RMT Company</u>	No: <u>(303) 606-4048</u>													
3. Address: <u>1515 Arapahoe Street, Tower 3, Suite 1000</u>	Fax: <u>(303) 629-8265</u>													
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>														
5. API Number: <u>05-103-10078</u>	6. County: <u>Rio Blanco</u>													
7. Well Name: <u>Halandras</u>	Well Number: <u>1</u>													
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SW/4 NW/4 Section 21-T3S-R94W</u>														

List in order of completion:

FORMATION: (G) WILLIAMS FORK	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>10,965'</u>	Bottom <u>11,200'</u>	No. Holes: <u>12</u>	Size: <u>0.43"</u>	Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe: <u>"G" Function tests with 7.5% HCL; 242,492# sand & 3331 bbls gel.</u>				

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H ₂ O:
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium	Gas Disposition:	
		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:		
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR:
Production Method:				
Tubing Size:	Setting Depth:	Packer Depth:		
Reason for Non-Production:				
Abandonment of Zone Date: <u>10/5/01</u>	Squeezed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Sacks Cement:		
Bridge Plug Depth: <u>13,000'</u>	Sacks Cement on Top:			

FORMATION: (H) WILLIAMS FORK	<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>10,282'</u>	Bottom <u>10,493'</u>	No. Holes: <u>22</u>	Size: <u>0.43"</u>	Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe: <u>"G" Function tests with 7.5% HCL. Stimulated with 211,250# sand & 3122 bbls gel.</u>				

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H ₂ O:
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium	Gas Disposition:	
		<input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:		
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR:
Production Method:				
Tubing Size:	Setting Depth:	Packer Depth:		
Reason for Non-Production:				
Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:		
Bridge Plug Depth:	Sacks Cement on Top:			

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

Print Name: Brucene S. Souta

Signed: *Brucene S. Souta* Title: Sr. Engineering Tech Date: 11/19/02

State of Colorado
Oil and Gas Conservation Commission



FOR OGCC USE ONLY

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax (303) 894-2109

COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

Complete the Attachment Checklist

	Oper	OGCC
Wellbore Diagram		
Site Facility Diagram		

1. OGCC Operator Number: 96850

2. Name of Operator: Williams Production RMT Company

3. Address: 1515 Arapahoe Street, Tower 3, Suite 1000
City: Denver State: CO Zip: 80202

4. Contact Name and Telephone
Brucene S. Souta
No: (303) 606-4048
Fax: (303) 629-8265

5. API Number: 05-103-10078

6. County: Rio Blanco

7. Well Name: Halandras Well Number: 1

8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SW/4 NW/4 Section 21-T3S-R94W

List in order of completion:

FORMATION: (E) WILLIAMS FORK Producing Abandoned Shut-In Commingled

Perforations Gross Interval: Top 11,740' Bottom 11,953' No. Holes: 18 Size: 0.34" Open Hole Completion (check if yes)

Formation Treatment Describe: "G" Function tests with 7.5% HCL. Stimulated with 46,577# sand & 1347 bbls gel.

Test Information Date: _____ Hours: _____ Bbls Oil: _____ MCF Gas: _____ Bbls H₂O: _____

Production Test Method: _____ Casing Pressure: _____ Flowing Tubing Pressure: _____ Choke Size: _____

API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Other: _____ Gas Disposition: _____

Calculated 24 Hr. Rate Bbls Oil: _____ MCF Gas: _____ Bbls H₂O: _____ GOR: _____

Production Method: _____

Tubing Size: _____ Setting Depth: _____ Packer Depth: _____

Reason for Non-Production: _____

Abandonment of Zone Date: _____ Squeezed: Y N Sacks Cement: _____

Bridge Plug Depth: _____ Sacks Cement on Top: _____

FORMATION: (F) WILLIAMS FORK Producing Abandoned Shut-In Commingled

Perforations Gross Interval: Top 11,300' Bottom 11,609' No. Holes: 16 Size: 0.34" Open Hole Completion (check if yes)

Formation Treatment Describe: "G" Function tests with 7.5% HCL; Stimulated with 38,459# sand & 2168 bbls gel and restimulated with 81,611# sand & 925 bbls gel.

Test Information Date: _____ Hours: _____ Bbls Oil: _____ MCF Gas: _____ Bbls H₂O: _____

Production Test Method: _____ Casing Pressure: _____ Flowing Tubing Pressure: _____ Choke Size: _____

API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Other: _____ Gas Disposition: _____

Calculated 24 Hr. Rate Bbls Oil: _____ MCF Gas: _____ Bbls H₂O: _____ GOR: _____

Production Method: _____

Tubing Size: _____ Setting Depth: _____ Packer Depth: _____

Reason for Non-Production: _____

Abandonment of Zone Date: _____ Squeezed: Y N Sacks Cement: _____

Bridge Plug Depth: _____ Sacks Cement on Top: _____

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

Print Name: Brucene S. Souta

Signed: *Brucene S. Souta* Title: Sr. Engineering Tech Date: 11/19/02

State of Colorado
Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax (303) 894-2109

FOR OGCC USE ONLY

COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

Complete the Attachment Checklist

1. OGCC Operator Number: <u>96850</u>		4. Contact Name and Telephone <u>Brucene S. Souta</u>	
2. Name of Operator: <u>Williams Production RMT Company</u>		No: <u>(303) 606-4048</u>	
3. Address: <u>1515 Arapahoe Street, Tower 3, Suite 1000</u>		Fax: <u>(303) 629-8265</u>	
City: <u>Denver</u>	State: <u>CO</u>	Zip: <u>80202</u>	
5. API Number: <u>05-103-10078</u>		6. County: <u>Rio Blanco</u>	
7. Well Name: <u>Halandras</u>		Well Number: <u>1</u>	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SW/4 NW/4 Section 21-T3S-R94W</u>			

	Oper	OGCC
Wellbore Diagram		
Site Facility Diagram		

List in order of completion:

FORMATION: (C) ILES	<input type="checkbox"/> Producing	<input checked="" type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>12,376'</u>	Bottom <u>12,600'</u>	No. Holes: <u>12</u>	Size: <u>0.34"</u>	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe: "G" Function tests with 7.5% HCL.

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H ₂ O:
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> CO ₂ <input type="checkbox"/> Coal Gas	<input type="checkbox"/> Helium <input type="checkbox"/> Other: _____
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR:
Production Method:				
Tubing Size:	Setting Depth:	Packer Depth:		
Reason for Non-Production:				

Abandonment of Zone Date: <u>11/2/01</u>	Squeezed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Sacks Cement:
Bridge Plug Depth: <u>12,200'</u>	Sacks Cement on Top:	

FORMATION: (D) ILES	<input type="checkbox"/> Producing	<input checked="" type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>12,080'</u>	Bottom <u>12,081'</u>	No. Holes: <u>2</u>	Size: <u>0.45"</u>	Open Hole Completion (check if yes) <input type="checkbox"/>

Formation Treatment Describe: "G" Function tests with 7.5% HCL.

Test Information Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H ₂ O:
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> CO ₂ <input type="checkbox"/> Coal Gas	<input type="checkbox"/> Helium <input type="checkbox"/> Other: _____
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H ₂ O:	GOR:
Production Method:				
Tubing Size:	Setting Depth:	Packer Depth:		
Reason for Non-Production:				

Abandonment of Zone Date: <u>11/6/01</u>	Squeezed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Sacks Cement:
Bridge Plug Depth: <u>12,050'</u>	Sacks Cement on Top:	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.
Print Name: Brucene S. Souta
Signed: Brucene S. Souta Title: Sr. Engineering Tech Date: 11/19/02



FORM 5A Rev 6/99

State of Colorado Oil and Gas Conservation Commission



FOR OGCC USE ONLY

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax (303) 894-2109

COMPLETED INTERVAL REPORT

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

Complete the Attachment Checklist

Attachment Checklist table with columns for Wellbore Diagram, Site Facility Diagram, Oper, and OGCC.

List in order of completion:

1. OGCC Operator Number: 96850
2. Name of Operator: Williams Production RMT Company
3. Address: 1515 Arapahoe Street, Tower 3, Suite 1000
4. Contact Name and Telephone: Brucene S. Souta
5. API Number: 05-103-10078
6. County: Rio Blanco
7. Well Name: Halandras
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SW1/4 NW1/4 Section 21-T3S-R94W

FORMATION: (A,B,C,D) ILES
Producing [] Abandoned [X] Shut-In [] Commingled []
Perforations Gross Interval: Top 12,080' Bottom 13125' No. Holes: 30 Size: 0.34" & 0.45" Open Hole Completion (check if yes) []

Test Information Date: Hours: Bbls Oil: MCF Gas: Bbls H2O:
Production Test Method: Casing Pressure: Flowing Tubing Pressure: Choke Size:
API Gravity Oil: [] Oil [] Condensate [] BTU Gas: [] Wet [] CO2 [] Helium [] Gas Disposition: [] Dry [] Coal Gas [] Other:
Calculated 24 Hr. Rate Bbls Oil: MCF Gas: Bbls H2O: GOR:
Production Method:
Tubing Size: Setting Depth: Packer Depth:
Reason for Non-Production:
Abandonment of Zone Date: Squeezed: [] Y [X] N Sacks Cement:
Bridge Plug Depth: 13,000', 12,700', 12,200', 12,050' Sacks Cement on Top:

FORMATION: (E,F,G,H) WILLIAMS FORK/CAMEO
Producing [] Abandoned [] Shut-In [X] Commingled []
Perforations Gross Interval: Top 10,282' Bottom 11,953' No. Holes: 68 Size: 0.34" & 0.43" Open Hole Completion (check if yes) []

Test Information Date: Hours: Bbls Oil: MCF Gas: Bbls H2O:
Production Test Method: Casing Pressure: Flowing Tubing Pressure: Choke Size:
API Gravity Oil: [] Oil [] Condensate [] BTU Gas: [] Wet [] CO2 [] Helium [] Gas Disposition: [] Dry [] Coal Gas [] Other:
Calculated 24 Hr. Rate Bbls Oil: MCF Gas: Bbls H2O: GOR:
Production Method:
Tubing Size: 2-3/8" Setting Depth: 11,680' Packer Depth:
Reason for Non-Production: Temporarily Abandoned while evaluating for economic production
Abandonment of Zone Date: Squeezed: [] Y [] N Sacks Cement:
Bridge Plug Depth: Sacks Cement on Top:

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

Print Name: Brucene S. Souta

Signed: [Signature] Title: Sr. Engineering Tech Date: 11/19/02