



Colorado



DE	ET	OE	ES
			PA

Oil and Gas Conservation Commission

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

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.

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Complete the
Attachment
Checklist

OP OGCC

wellbore diagram	X	

1. OGCC Operator Number: 96850	4. Contact Name: Sandra Salazar
2. Name of Operator: Williams Production RMT Company	Phone: (303) 629-8456
3. Address: 1515 Arapahoe St., Tower 3, Suite 1000	Fax: (303) 629-8272
City: Denver State: CO Zip: 80202	
5. API Number 05-045-18074-00	6. County: Garfield
7. Well Name: Federal	Well Number: RWF 514-19
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW Sec. 19-T6S-R94W	

FORMATION: WFCM	Status: Shut In
Treatment Date: 03/10/10	Date of First Production this formation: 03/12/10
Perforations Top: 7510	8313 No. Holes: 59 Hole size: .35"
Provide a brief summary of the formation treatment: Open Hole <input type="checkbox"/>	
1555 Gals 7 1/2% HCL; 201153 # 20/40 Sand; 7263 Bbls Slickwater (Summary)	
This formation is commingled with another formation <input checked="" type="checkbox"/> No	
Test Information:	
Date: Hours: 24	Bbls oil: Mcf Gas: Bbls H ₂ O: 0
Calculated 24 hour rate:	Bbls oil: Mcf Gas: Bbls H ₂ O: GOR:
Test Method: Flowing	Casing PSI: Tubing PSI: Choke size:
Gas Disposition: Solid	Gas Type: Dry BTU Gas: API Gravity Oil:
Tubing Size: 2 3/8"	Tubing Setting Depth: 4143 Tbg setting date: 04/12/10 Packer Depth:
Reason for Non-Production:	
Date formation Abandoned:	Squeezed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes number of sacks cmt
Bridge Plug Depth:	Sacks cement on top:

FORMATION:	Status:
Treatment Date:	Date of First Production this formation:
Perforations Top: Bottom:	No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole <input type="checkbox"/>	
This formation is commingled with another formation <input type="checkbox"/>	
Test Information:	
Date: Hours:	Bbls oil: Mcf Gas: Bbls H ₂ O:
Calculated 24 hour rate:	Bbls oil: Mcf Gas: Bbls H ₂ O: GOR:
Test Method:	Casing PSI: Tubing PSI: Choke size:
Gas Disposition:	Gas Type: BTU Gas: API Gravity Oil:
Tubing Size:	Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:	
Date formation Abandoned:	Squeezed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes number of sacks cmt
Bridge Plug Depth:	Sacks cement on top:

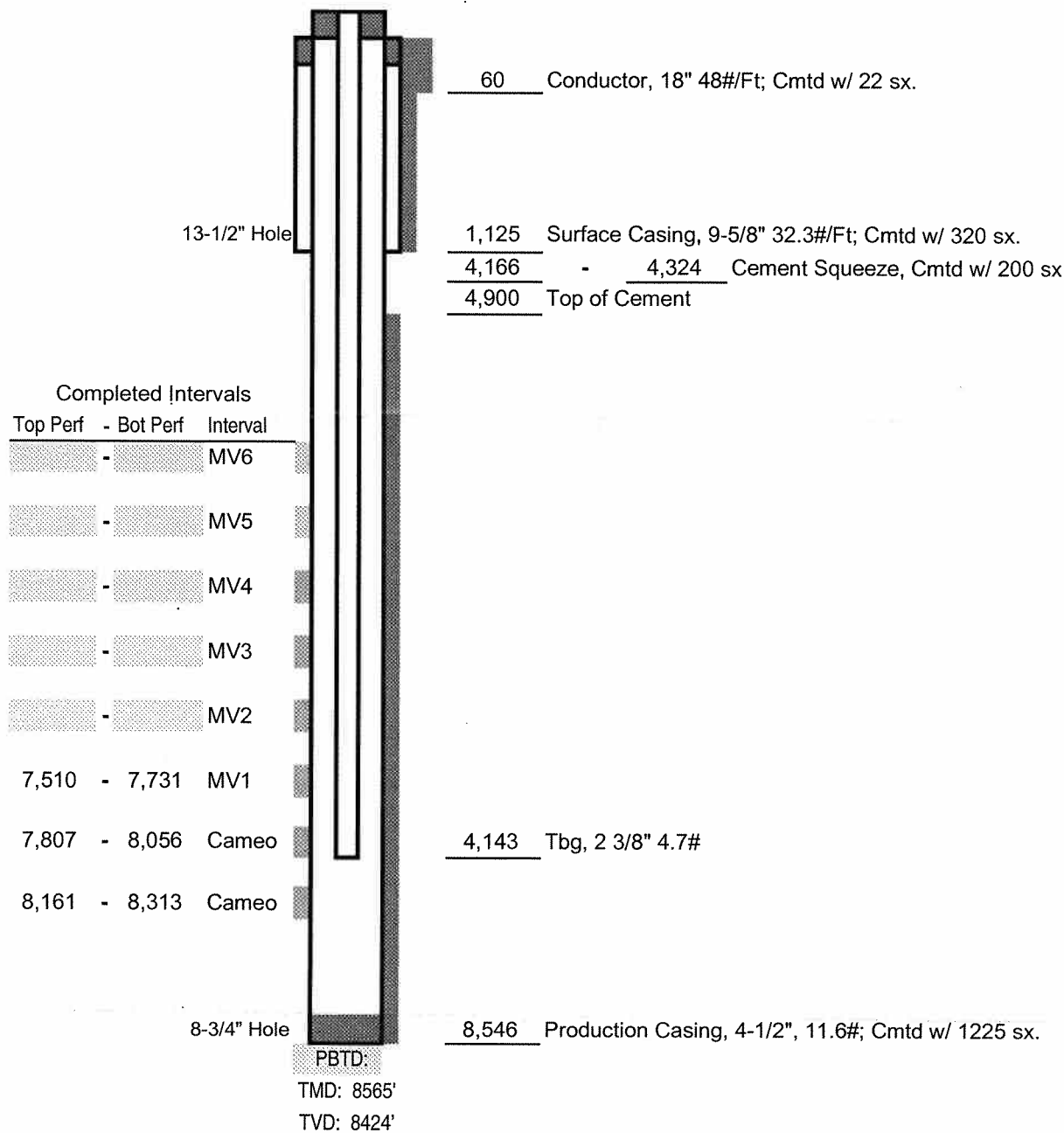
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Sandra Salazar Email: Sandra.Salazar@Williams.com
Signature: [Signature] Title: Permit Technician Date: 6/18/10

Williams Production RMT Company
RWF 514-19
 API #05-045-18074-00
 1411' FSL x 439' FWL - (NWSW) - SHL
 Sec. 19-T6S-R94W
 227' FSL x 333' FWL - (SWSW) - BHL
 Sec. 19-T6S-R94W
 Garfield County, Colorado

Well Shut - In

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Not to Scale