

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:

2554507

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: ANNIE SMITH
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 6064363
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 6298285
City: DENVER State: CO Zip: 80202

5. API Number 05-103-11463-00 6. County: RIO BLANCO
7. Well Name: FEDERAL RGU Well Number: 34-24-198
8. Location: QtrQtr: NWSE Section: 24 Township: 1S Range: 98W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/05/2010</u>	Date of First Production this formation: <u>04/05/2010</u>
Perforations Top: <u>11906</u> Bottom: <u>11969</u>	No. Holes: <u>14</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>735 GAL 10% HCl ACID, 73400 # 100 MESH AND 30/50 SAND, 2948 BBLS SLICKWATER.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ 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: <u>04/23/2010</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>CORCORAN</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>04/02/2010</u>		Date of First Production this formation: <u>04/02/2010</u>			
Perforations	Top: <u>12003</u>	Bottom: <u>12409</u>	No. Holes: <u>32</u>	Hole size: <u>36/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
1503 GAL 10% HCL ACID, 263100 # 100 MESH AND 30/50 SAND, 9718 BBLS SLICKWATER					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	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: <u>04/23/2010</u>	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>SEGO</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>03/31/2010</u>		Date of First Production this formation: <u>03/31/2010</u>			
Perforations	Top: <u>12447</u>	Bottom: <u>12711</u>	No. Holes: <u>40</u>	Hole size: <u>36/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
1499 GAL 10% HCL ACID, 280800 # 100 MESH AND 30/50 SAND, 10697 BBLS SLICKWATER					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	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: <u>04/23/2010</u>	Packer Depth: _____		
Reason for Non-Production: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/08/2010 Date of First Production this formation: 04/08/2010

Perforations Top: 9358 Bottom: 11549 No. Holes: 197 Hole size: 36/100

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

7936 GAL 10% HCL ACID, 1294023 # 100 MESH AND 30/50 SAND, 50200 BBLS SLICKWATER

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ 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: 04/23/2010 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: _____

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED

Treatment Date: 03/31/2010 Date of First Production this formation: 03/31/2010

Perforations Top: 9358 Bottom: 12711 No. Holes: 290 Hole size: 36/100

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

11673 GAL 10% HCL ACID, 1911323 # 100 MESH AND 30/50 SAND, 73563 BBLS SLICKWATER.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 05/03/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2000 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 3250 Tubing PSI: 3600 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1000 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12585 Tbg setting date: 04/23/2010 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: ANNIE SMITH

Title: ENG TECH Date: 5/17/2010 Email ANNIE.SMITH@WILLIAMS.COM

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 10/14/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554507	FORM 5A SUBMITTED	LF@2499555 2554507
2554509	WELLBORE DIAGRAM	LF@2499556 2554509
2554510	OPERATIONS SUMMARY	LF@2499557 2554510

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	ON HOLD- TAKEN OFF- PROBLEM FIXED	10/13/2010 10:47:15 AM
Permit	ON HOLD-CHANGED CRCRN PERF INTERVAL TO 12003 TOP/ PER WELLBORE DIAGRAM- sTILL SLIGHTLY SHALLOW COMPARED TO FORM 5 #21- REQUESTING FORM 5 DEPTHS TO MATCH WBD	10/8/2010 8:01:35 AM

Total: 2 comment(s)