

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2554514

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 05-103-11461-00 6. County: RIO BLANCO
 7. Well Name: FEDERAL RGU Well Number: 433-24-198
 8. Location: QtrQtr: NWSE Section: 24 Township: 1S Range: 98W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 04/05/2010 Date of First Production this formation: 04/05/2010

Perforations Top: 11822 Bottom: 11932 No. Holes: 12 Hole size: 36/100

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

753 GAL 10% HCL ACID, 150700# 100 MESH AND 30/50 SAND, 5552 BBLs SLICKWATER-TREATMENT WAS FOR PERF INTERVAL 11822-12024FT

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/05/2010 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: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: 04/25/2010 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: CORCORAN Status: PRODUCING

Treatment Date: 04/02/2010 Date of First Production this formation: 04/02/2010

Perforations Top: 11961 Bottom: 12263 No. Holes: 26 Hole size: 36/100

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

751 GAL 10% HCL ACID, 12900 # 100 MESH AND 30/50 SAND, 4615 BBLS SLICKWATER-TREATMENT WAS FOR PERF INTERVAL 12051-12306

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/05/2010 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: 04/25/2010 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: SEGO Status: PRODUCING

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

Perforations Top: 12305 Bottom: 12703 No. Holes: 45 Hole size: 36/100

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

2243 10% HCL ACID, 297300 # 100 MESH AND 30/50 SAND, 10924 BBLS SLICKWATER. TREATMENT WAS FOR PERF INTERVAL 12332- 12703 FT

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/05/2010 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: 04/25/2010 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 - CAMEO Status: PRODUCING

Treatment Date: 04/05/2010 Date of First Production this formation: 04/05/2010

Perforations Top: 9542 Bottom: 11482 No. Holes: 165 Hole size: 36/100

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

6670 GAL 10% HCL ACID, 958742 # 100 MESH AND 30/50 SAND, 43232 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/05/2010 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: 04/25/2010 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: 9542 Bottom: 12703 No. Holes: 248 Hole size: 36/100

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

10417 GAL 10% HCL ACID, 1531642 # 100 MESH AND 30/50 SAND, 64322 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/05/2010 Hours: 24 Bbls oil: _____ Mcf Gas: 1700 Bbls H2O: _____

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

Test Method: FLOWING Casing PSI: 3725 Tubing PSI: 3050 Choke Size: 14/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12608 Tbg setting date: 04/25/2010 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: 5/21/2010 Email: ANNIE.SMITH@WILLIAMS.COM

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. Nashin Director of COGCC Date: 10/14/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554514	FORM 5A SUBMITTED	LF@2499558 2554514
2554517	WELLBORE DIAGRAM	LF@2499559 2554517
2554519	OPERATIONS SUMMARY	LF@2499560 2554519

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	5A PANELS HAVE PERF INTERVALS REVISED TO REFLECT FORM 5 FORMATION TOPS	10/13/2010 4:02:15 PM
Permit	ON HOLD- FORMATION PERF INTERVALS FALL OUTSIDE OF FORM 5 #21	10/7/2010 5:39:51 PM

Total: 2 comment(s)