

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:

2554514

**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 05-103-11461-00 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: <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>11822</u> Bottom: <u>11932</u>	No. Holes: <u>12</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>753 GAL 10% HCL ACID, 150700# 100 MESH AND 30/50 SAND, 5552 BBLs SLICKWATER-TREATMENT WAS FOR PERF INTERVAL 11822-12024FT</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/05/2010</u> 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: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: <u>04/25/2010</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>11961</u> Bottom: <u>12263</u>	No. Holes: <u>26</u>	Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
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:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>05/05/2010</u>	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>04/25/2010</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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>12305</u> Bottom: <u>12703</u>	No. Holes: <u>45</u>	Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
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:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>05/05/2010</u>	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>04/25/2010</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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 - CAMEOStatus: PRODUCINGTreatment Date: 04/05/2010Date of First Production this formation: 04/05/2010Perforations 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 SLICKWATERThis 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-ILESStatus: COMMINGLEDTreatment Date: 03/31/2010Date of First Production this formation: 03/31/2010Perforations 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 SLICKWATERThis 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: 14/64Gas 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 SMITHTitle: 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. Neslin 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**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
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)