

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:
2554373

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: 96705
2. Name of Operator: WILLIAMS PRODUCTION COMPANY LLC
3. Address: P O BOX 3102 MS-25-2
City: TULSA State: OK Zip: 74101
4. Contact Name: HEATHER RILEY
Phone: (505) 634-4222
Fax: (505) 634-4205

5. API Number 05-067-09431-00
6. County: LA PLATA
7. Well Name: NORTHWEST CEDAR HILL 32-
Well Number: 9A
8. Location: QtrQtr: LOT 5 Section: 19 Township: 32N Range: 10W Meridian: N
9. Field Name: Field Code:

Completed Interval

FORMATION: MESAVERDE Status: PRODUCING
Treatment Date: 04/10/2010 Date of First Production this formation: 04/14/2010
Perforations Top: 4768 Bottom: 5832 No. Holes: 168 Hole size: 34/100
Provide a brief summary of the formation treatment: Open Hole:
FRAC PT/LO W/81367 LBS 20/40 OTTAWA SAND @ 0.5, 1.0, 1.5&2.0 PPG. FRAC CH/MEN W/80,336LBS 20/40 OTTAWA SAND @ 0.5, 1.0,;1.5&2.0 PPG FRAC UP/CH W/78,800 LBS 20/40 OTTAWA SAND @ 0.5, 1.0, 1.5;&2.0PPG.
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1032 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1032 Bbls H2O: 0 GOR: 0
Test Method: ORIFICE Casing PSI: 400 Tubing PSI: Choke Size: 2
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1171 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5810 Tbg setting date: 04/27/2010 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: HEATHER RILEY
Title: REGULATORY SPECIALIST Date: 5/17/2010 Email HEATHER.RILEY@WILLAMS.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: 10/18/2010

Attachment Check List

| Att Doc Num | Name | Doc Description |
|-------------|-------------------|--------------------|
| 2554372 | WELLBORE DIAGRAM | LF@2494918 2554372 |
| 2554373 | FORM 5A SUBMITTED | LF@2494917 2554373 |

Total Attach: 2 Files