

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:

2554373

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

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: <u>MESAVERDE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/10/2010</u>	Date of First Production this formation: <u>04/14/2010</u>
Perforations Top: <u>4768</u> Bottom: <u>5832</u>	No. Holes: <u>168</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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&2.0 PPG.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/29/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1032</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>1032</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>ORIFICE</u> Casing PSI: <u>400</u> Tubing PSI: _____ Choke Size: <u>2</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1171</u> API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>5810</u> Tbg setting date: <u>04/27/2010</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: _____	

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