

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:

2556932

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: SANDRA SALAZAR
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 629-8456
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8272
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17849-00 6. County: GARFIELD
7. Well Name: FEDERAL Well Number: RWF 32-30
8. Location: QtrQtr: SWSE Section: 19 Township: 6S Range: 94W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 01/20/2010 Date of First Production this formation: 02/05/2010
Perforations Top: 6323 Bottom: 8445 No. Holes: 184 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
3778 GALS 7 1/2% HCL; 838204 # 20/40 SAND; 44919 BBLS SLICKWATER. (SUMMARY).
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 03/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 801 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 801 Bbls H2O: 0 GOR: _____
Test Method: FLOWING Casing PSI: 2280 Tubing PSI: 1987 Choke Size: 9/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1076 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8122 Tbg setting date: 03/18/2010 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: SANDRA SALAZAR

Title: PERMITTING Date: 6/30/2010 Email SANDRA.SALAZAR@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 G. Neslin
Director of COGCC

Date: 10/19/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556932	FORM 5A SUBMITTED	LF @ 2517967 2556932
2556933	WELLBORE DIAGRAM	LF @ 2517968 2556933

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	OPERATOR PROVIDED REPRESENTATIVE CASING/TUBING PRESSURES ON REQUEST.	10/19/2010 4:15:23 PM

Total: 1 comment(s)