

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:

2556982

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) 6298456
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 6298272
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17747-00 6. County: GARFIELD
7. Well Name: SAVAGE Well Number: PA 14-4
8. Location: QtrQtr: NESW Section: 4 Township: 7S Range: 95W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/18/2010</u>	Date of First Production this formation: <u>01/20/2010</u>
Perforations Top: <u>4952</u> Bottom: <u>6802</u>	No. Holes: <u>156</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>4016 GALS 7.5% HCL; 1076315# 20/40 SAND; 30886 BBLS SLICKWATER (SUMMARY)</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/28/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1121</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>1121</u> Bbls H2O: <u>0</u> GOR: _____
Test Method: <u>FLOWING</u> Casing PSI: <u>1682</u> Tubing PSI: <u>1555</u> Choke Size: <u>11/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1057</u> API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6467</u> Tbg setting date: <u>02/19/2010</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: SANDRA SALAZAR

Title: PERMIT TECHNICIAN 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: 10/20/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556982	FORM 5A SUBMITTED	LF @ 2518040 2556982
2556983	WELLBORE DIAGRAM	LF @ 2518041 2556983

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	WELL BORE DIAGRAM INCLUDED.	10/20/2010 9:32:10 AM

Total: 1 comment(s)