

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:

2556962

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
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY
3. Address: 1515 ARAPAHOE ST STE 1000
City: DENVER State: CO Zip: 80202
4. Contact Name: SANDRA SALAZAR
Phone: (303) 6298456
Fax: (303) 6298272

5. API Number 05-045-16895-00
6. County: GARFIELD
7. Well Name: SAVAGE
Well Number: RWF 24-34
8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 01/25/2010 Date of First Production this formation: 01/28/2010
Perforations Top: 5726 Bottom: 7688 No. Holes: 173 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole:
4000 GALS 7.5% HCL; 889600# 20/40 SAND; 29247 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: 899 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 899 Bbls H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 1737 Tubing PSI: 1349 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1069 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7368 Tbg setting date: 02/26/2010 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: 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 S. Neslin

Director of COGCC

Date: 10/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556962	FORM 5A SUBMITTED	LF@2518060 2556962
2556963	WELLBORE DIAGRAM	LF@2518061 2556963

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	WELL BORE DIAGRAM INCLUDED.	10/18/2010 11:17:31 AM

Total: 1 comment(s)