

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:

2555832

**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 05-045-17192-00 6. County: GARFIELD  
7. Well Name: SAVAGE Well Number: RWF 414-28  
8. Location: QtrQtr: SWSW Section: 28 Township: 6S Range: 94W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/20/2009</u>	Date of First Production this formation: <u>10/26/2009</u>
Perforations Top: <u>5602</u> Bottom: <u>7695</u>	No. Holes: <u>173</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>3984 GALS 7 1/2% HCL; 921300 # 20/40 SAND; 22855 BBLS SLICKWATER (SUMMARY)</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>12/31/2009</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1215</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>1215</u> Bbls H2O: <u>0</u> GOR: _____
Test Method: <u>FLOWING</u> Casing PSI: <u>1344</u> Tubing PSI: <u>1126</u> Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1062</u> API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7312</u> Tbg setting date: <u>12/03/2009</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: 5/31/2010 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: 10/27/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555832	FORM 5A SUBMITTED	LF @ 2507987 2555832
2555833	WELLBORE DIAGRAM	LF @ 2507988 2555833

Total Attach: 2 Files