

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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COMPLETED INTERVAL REPORT

Document Number:
1716983

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: ANNIE SMITH
Phone: (303) 572-3900
Fax: (303) 629-8265

5. API Number 05-103-11277-00
6. County: RIO BLANCO
7. Well Name: FEDERAL RG
Well Number: 24-14-298
8. Location: QtrQtr: SESW Section: 14 Township: 2S Range: 98W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 02/05/2010 Date of First Production this formation: 02/05/2010

Perforations Top: 10260 Bottom: 10400 No. Holes: 19 Hole size: 36/100

Provide a brief summary of the formation treatment: Open Hole:

30,786 GAL 10% HCL ACID, 128,200 # 30/50 AND 100 MESH SAND, 4,424 BBLS SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: SEGO Status: PRODUCING

Treatment Date: 01/28/2010 Date of First Production this formation: 01/28/2010

Perforations Top: 10454 Bottom: 10813 No. Holes: 62 Hole size: 36/100

Provide a brief summary of the formation treatment: Open Hole:

103,488 GAL 1% HCL ACID, 426,200 # 30/50 AND 100 MESH SAND, 14,800 BBLs SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: Y Print Name: ANNIE SMITH

Title: ENGINEERING TECH Date: 4/7/2010 Email ANNIE.SMITH@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: 10/28/2010