

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:

1716985

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: ANNIE SMITH
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 572-3900
 3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8265
 City: DENVER State: CO Zip: 80202

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: WILLIAMS FORK-ILES Status: COMMINGLED
 Treatment Date: 01/28/2010 Date of First Production this formation: 01/28/2010
 Perforations Top: 7254 Bottom: 10813 No. Holes: 332 Hole size: 36/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
571,410 GAL 10% HCL ACID, 2,249,132 # 30/50 AND 100 MESH SAND, 77,584 BBLS SLICKWATER.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 3600 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 0
 Test Method: FLOWING Casing PSI: 3000 Tubing PSI: 2750 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 10701 Tbg setting date: 03/09/2010 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: 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