

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:

2555769

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 05-045-17057-00 6. County: GARFIELD
7. Well Name: SAVAGE Well Number: RWF 533-26
8. Location: QtrQtr: SWSE Section: 26 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>11/29/2009</u> | Date of First Production this formation: <u>12/10/2009</u> |
| Perforations Top: <u>5476</u> Bottom: <u>7586</u> | No. Holes: <u>152</u> Hole size: <u>35/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>4008 GALS 7 1/2% HCL; 876489 # 20/40 SAND; 25746 BBLS SLICKWATER (SUMMARY)</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>01/31/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1112</u> Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: | Bbls oil: <u>0</u> Mcf Gas: <u>1112</u> Bbls H2O: <u>0</u> GOR: _____ |
| Test Method: <u>FLOWING</u> Casing PSI: <u>2406</u> Tubing PSI: <u>2239</u> Choke Size: <u>10/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1120</u> API Gravity Oil: _____ | |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7202</u> Tbg setting date: <u>01/12/2010</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: 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: 11/1/2010

Attachment Check List

| Att Doc Num | Name | Doc Description |
|-------------|-------------------|--------------------|
| 2555769 | FORM 5A SUBMITTED | LF@2507960 2555769 |
| 2555770 | WELLBORE DIAGRAM | LF@2507961 2555770 |

Total Attach: 2 Files