

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:

2555769

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: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/29/2009 Date of First Production this formation: 12/10/2009

Perforations Top: 5476 Bottom: 7586 No. Holes: 152 Hole size: 35/100

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

4008 GALS 7 1/2% HCL; 876489 # 20/40 SAND; 25746 BBLs SLICKWATER (SUMMARY)

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1112 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1112 Bbls H2O: 0 GOR: _____

Test Method: FLOWING Casing PSI: 2406 Tubing PSI: 2239 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1120 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7202 Tbg setting date: 01/12/2010 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: 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 S. 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