

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:

2556565

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) 6064363
 3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 6298285
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-14785-00 6. County: GARFIELD
 7. Well Name: AP Well Number: 543-14-696
 8. Location: QtrQtr: SWSE Section: 14 Township: 6S Range: 96W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 06/09/2009 Date of First Production this formation: 06/09/2009

Perforations Top: 6789 Bottom: 68679 No. Holes: 178 Hole size: 36/100

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

9250 GAL 10% HCL ACID, 1246455 # 100 MESH AND 30/550 SAND, 40011 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/10/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 2000 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1800 Tubing PSI: 1750 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1088 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8600 Tbg setting date: 06/27/2009 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: ANNIE SMITHE

Title: ENG. TECH. Date: 6/24/2010 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: 11/15/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556565	FORM 5A SUBMITTED	LF@2513286 2556565

Total Attach: 1 Files