

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:

2556581

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: 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 05-045-15517-00 6. County: GARFIELD
7. Well Name: AP Well Number: 44-1-696
8. Location: QtrQtr: NWSE Section: 1 Township: 6S Range: 96W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/17/2008</u>	Date of First Production this formation: <u>11/13/2008</u>
Perforations Top: <u>9333</u> Bottom: <u>11428</u>	No. Holes: <u>149</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment: <u>5330 GAL ACID BEFORE FRAC; 29806 BBLS WTR; 1008780 # 30/50 NORTHERN WHITE SAND.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/24/2008</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1900</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____	
Test Method: <u>FLOWING</u> Casing PSI: <u>2100</u> Tubing PSI: <u>1800</u> Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1068</u> API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>11203</u> Tbg setting date: <u>11/12/2008</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: ANNIE SMITHE
Title: ENG. TECH. Date: 6/24/2001 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 G. Neslin

Director of COGCC

Date: 11/15/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556581	FORM 5A SUBMITTED	LF@2513275 2556581

Total Attach: 1 Files