

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:

2556568

**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 05-045-17078-00 6. County: GARFIELD  
7. Well Name: AP Well Number: 331-18-695  
8. Location: QtrQtr: NENW Section: 18 Township: 6S Range: 95W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 07/01/2009 Date of First Production this formation: 07/01/2009  
Perforations Top: 9388 Bottom: 11077 No. Holes: 123 Hole size: 36/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
6750 GAL 10% HCL ACID, 1036276 # 100 MESH AND 30/550 SAND, 32067 BBLS SLICKWATER  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 08/20/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 1110 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: flowing Casing PSI: 1900 Tubing PSI: 1900 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1039 API Gravity Oil: 53  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10865 Tbg setting date: 07/26/2009 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 G. Neslin*

Director of COGCC

Date: 11/15/2010

**Attachment Check List**

| Att Doc Num | Name              | Doc Description      |
|-------------|-------------------|----------------------|
| 2556568     | FORM 5A SUBMITTED | LF @ 2513289 2556568 |

Total Attach: 1 Files