

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:

2517142

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 LLC Phone: (303) 6298456
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 6298268
City: DENVER State: CO Zip: 80202

5. API Number 05-045-16323-00 6. County: GARFIELD
7. Well Name: FEDERAL Well Number: RWF 34-4
8. Location: QtrQtr: SWSE Section: 4 Township: 7S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 05/03/2010 Date of First Production this formation: 05/06/2010
Perforations Top: 6403 Bottom: 8209 No. Holes: 129 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
4497 GALS 7 1/2% HCL; 630300 # 20/40 SAND; 17867 BBLS SLICKWATER (SUMMARY)
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/30/2010 Hours: 24 Bbls oil: Mcf Gas: 194 Bbls H2O:
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 194 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 635 Tubing PSI: 540 Choke Size: 13/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1064 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7905 Tbg setting date: 06/16/2010 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: 8/31/2010 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: 2/4/2011

Attachment Check List

Att Doc Num	Name
2517142	FORM 5A SUBMITTED
2517143	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)