

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:

2517167

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) 629268  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-17629-00 6. County: GARFIELD  
 7. Well Name: FEDERAL Well Number: RWF 514-18  
 8. Location: QtrQtr: SESW Section: 18 Township: 6S Range: 94W Meridian: 6  
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
 Treatment Date: 01/20/2010 Date of First Production this formation: 01/25/2010  
 Perforations Top: 6513 Bottom: 8767 No. Holes: 166 Hole size: 35/100  
 Provide a brief summary of the formation treatment: Open Hole:   
3774 GALS 7 1/2% HC: 943877 # 20/40 SAND: 28212 BBLS SLICKWATER (SUMMARY)  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 06/30/2010 Hours: 24 Bbls oil: \_\_\_\_\_ Mcf Gas: 1079 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 1596 Tubing PSI: 1291 Choke Size: 9/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1081 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8321 Tbg setting date: 04/02/2010 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 S. Neslin*

Director of COGCC

Date: 2/7/2011

**Attachment Check List**

Att Doc Num	Name
2517167	FORM 5A SUBMITTED
2517168	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)