



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.

Document Number:

2517167

1. OGCC Operator Number: 96850

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

3. Address: 1515 ARAPAHOE ST STE 1000

City: DENVER State: CO Zip: 80202

4. Contact Name: SANDRA SALAZAR

Phone: (303) 6298456

Fax: (303) 629268

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 G. 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

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)