

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:

2517129

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 05-045-17632-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: RWF 321-19

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:	6396	Bottom:	8583	No. Holes:	169	Hole size:	35/100
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Provide a brief summary of the formation treatment:

Open Hole:

3752 GALS 7 1/2 % HCL 1006552 # 20/40 SAND: 28003 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	06/30/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	1026	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: FLOWING	Casing PSI: 1561	Tubing PSI: 1385	Choke Size: 9/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1076	API Gravity Oil:
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 8187 Tbg setting date: 03/29/2010 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
2517129	FORM 5A SUBMITTED
2517130	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)