


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">1797899</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>96850</u>		4. Contact Name: <u>TRACY OPP</u>					
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>		Phone: <u>(303) 572-3900</u>					
3. Address: <u>1001 17TH STREET - SUITE #1200</u>		Fax: <u>(303) 629-8265</u>					
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>							
5. API Number <u>05-045-14809-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>AP</u>		Well Number: <u>531-24-696</u>					
8. Location: QtrQtr: <u>SENW</u> Section: <u>24</u> Township: <u>6S</u> Range: <u>96W</u> Meridian: <u>6</u>							
9. Field Name: _____		Field Code: _____					
<u>Completed Interval</u>							
FORMATION: <u>WILLIAMS FORK</u>		Status: <u>WAITING ON COMPLETION</u>					
Treatment Date: <u>10/11/2008</u>		Date of First Production this formation: <u>08/29/2008</u>					
Perforations Top: <u>8493</u>	Bottom: <u>10379</u>	No. Holes: <u>171</u>	Hole size: <u>36/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
7,830 GAL 10% ACID AHEAD OF FRAC, 36,027 BBLS WTR, 1,093,820 # 30/50 HEXION SAND							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
Test Method: _____		Casing PSI: _____	Tubing PSI: _____				
Gas Disposition: _____		Gas Type: _____	BTU Gas: _____				
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____				
Reason for Non-Production:		Packer Depth: _____					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <u>Y</u>		Print Name: <u>ANNIE SMITH</u>					
Title: <u>SR. ENG TECH</u>		Date: <u>11/18/2008</u>	Email: <u>ANNIE.SMITH@WILLIAMS.COM</u>				

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)