

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:

1635199

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) 629-8456
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-15696-00 6. County: GARFIELD
 7. Well Name: SAVAGE Well Number: RWF 34-29
 8. Location: QtrQtr: NESE Section: 29 Township: 6S Range: 94W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 12/05/2008 Date of First Production this formation: 12/07/2008
 Perforations Top: 5744 Bottom: 7807 No. Holes: 126 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole:

4086 GALS 7 1/2% HCL; 705123 # 20/40 SAND; 20245 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/28/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 675 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: FLOWING Casing PSI: 518 Tubing PSI: 315 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1086 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7245 Tbg setting date: 01/02/2009 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: PERMITTING Date: 3/28/2011 Email SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
1635199	FORM 5A SUBMITTED
1635200	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)