

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

Document Number:  
2568211

**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  
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC  
3. Address: 1001 17TH STREET - SUITE #1200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: SANDRA SALAZAR  
Phone: (303) 629-8456  
Fax: (303) 629-8272

5. API Number 05-045-17061-00  
6. County: GARFIELD  
7. Well Name: SAVAGE Well Number: RWF 44-26  
8. Location: QtrQtr: SWSE Section: 26 Township: 6S Range: 94W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 12/13/2009 Date of First Production this formation: 12/16/2009

Perforations Top: 5561 Bottom: 7527 No. Holes: 132 Hole size: 35/100

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

3000 GALS 7 1/2% HCL, 767000# 20/40 SAND, 18959 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 01/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1149 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 2026 Tubing PSI: 1872 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1080 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7190 Tbg setting date: 01/21/2010 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: 1/12/2010 Email SANDRA.SALAZAR@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Name
2568211	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)