

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:

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 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) 629-8272
City: DENVER State: CO Zip: 80202

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

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

Total: 0 comment(s)