


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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="text-align: center; font-weight: bold;">2111351</div>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>											
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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>96850</u></td> <td style="width: 50%;">4. Contact Name: <u>ANGELA NEIFERT</u></td> </tr> <tr> <td>2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u></td> <td>Phone: <u>(303) 606-4398</u></td> </tr> <tr> <td>3. Address: <u>1001 17TH STREET - SUITE #1200</u></td> <td>Fax: <u>(303) 629-8285</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>96850</u>	4. Contact Name: <u>ANGELA NEIFERT</u>	2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>	Phone: <u>(303) 606-4398</u>	3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8285</u>	City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	
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<u>Completed Interval</u>											
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<table style="width: 100%;"> <tr> <td style="width: 20%;">Perforations</td> <td style="width: 20%;">Top: <u>3700</u></td> <td style="width: 20%;">Bottom: <u>4706</u></td> <td style="width: 20%;">No. Holes: <u>84</u></td> <td style="width: 20%;">Hole size: _____</td> </tr> </table>				Perforations	Top: <u>3700</u>	Bottom: <u>4706</u>	No. Holes: <u>84</u>	Hole size: _____			
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;">         INJECTION ZONE          PRESSURE TEST 4/22/09 2144 PSI          3747 GALS 7 1/2% HCL; 909564# 20/40 SAND; 34466 BBLS SLICKWATER (SUMMARY)       </div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Test Information:</b>											
<table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> </table>				Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____							
<table style="width: 100%;"> <tr> <td>Calculated 24 hour rate: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> <td>GOR: _____</td> </tr> </table>				Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____			
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Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
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: _____											



**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>ABANDONED COMPLETION</u>		
Treatment Date: <u>08/09/2007</u>		Date of First Production this formation: <u>08/14/2007</u>		
Perforations	Top: <u>4942</u>	Bottom: <u>6649</u>	No. Holes: <u>141</u>	Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<hr/>				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>				
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production:				
<div style="border: 1px solid black; padding: 2px;">NO REASON GIVEN</div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>4800</u>	Sacks cement on top: <u>3</u>			

Comment:
<div style="border: 1px solid black; height: 20px;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: <u>ANGELA J NEIFERT</u>
Title: <u>PERMIT TECHNICIAN</u>	Date: <u>4/23/2009</u> Email <u>ANGELA.NEIFERT@WILLIAMS.COM</u>

### Attachment Check List

Att Doc Num	Name
2111351	FORM 5 SUBMITTED
2111352	WIRELINE JOB SUMMARY
2111353	WELLBORE DIAGRAM

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)