


| | | | | | | | |
|---|--|---|---|----|----|----|----|
| 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: 2568430 | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| 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: <u>96850</u> | | 4. Contact Name: <u>SANDRA SALAZAR</u> | | | | | |
| 2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u> | | Phone: <u>(303) 629-8456</u> | | | | | |
| 3. Address: <u>1001 17TH STREET - SUITE #1200</u> | | Fax: <u>(303) 629-8272</u> | | | | | |
| City: <u>DENVER</u> | State: <u>CO</u> | Zip: <u>80202</u> | | | | | |
| 5. API Number <u>05-045-18188-00</u> | | 6. County: <u>GARFIELD</u> | | | | | |
| 7. Well Name: <u>BATTLEMENT MESA</u> | | Well Number: <u>PA 324-5</u> | | | | | |
| 8. Location: QtrQtr: <u>NWSE</u> | Section: <u>5</u> | Township: <u>7S</u> | Range: <u>95W</u> Meridian: <u>6</u> | | | | |
| 9. Field Name: <u>PARACHUTE</u> | | Field Code: <u>67350</u> | | | | | |
| <u>Completed Interval</u> | | | | | | | |
| FORMATION: <u>WILLIAMS FORK - CAMEO</u> | | Status: <u>PRODUCING</u> | | | | | |
| Treatment Date: <u>12/18/2009</u> | | Date of First Production this formation: <u>11/17/2009</u> | | | | | |
| Perforations Top: <u>4724</u> | Bottom: <u>6519</u> | No. Holes: <u>116</u> | Hole size: <u>35/100</u> | | | | |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | | | | |
| <u>2701 GALS 7 1/2 % HCL; 722700 # 20/40 SAND; 20135 BBLS SLICKWATER</u> | | | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Test Information: | | | | | | | |
| Date: <u>02/28/2010</u> | Hours: <u>24</u> | Bbls oil: <u>0</u> | Mcf Gas: <u>944</u> Bbls H2O: <u>0</u> | | | | |
| Calculated 24 hour rate: | | Bbls oil: _____ | Mcf Gas: _____ Bbls H2O: _____ GOR: _____ | | | | |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>1287</u> | Tubing PSI: <u>1156</u> | Choke Size: <u>10/64</u> | | | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>DRY</u> | BTU Gas: <u>1071</u> | API Gravity Oil: <u>0</u> | | | | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>6146</u> | Tbg setting date: <u>01/21/2010</u> | Packer Depth: _____ | | | | |
| 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: _____ | | | | | |
| Comment: | | | | | | | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></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>SANDRA SALAZAR</u> | | | | | |
| Title: <u>PERMIT TECHNICIAN</u> | Date: <u>7/20/2011</u> | Email <u>SANDRA.SALAZAR@WILLIAMS.COM</u> | | | | | |

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2568430 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)