

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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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 05-045-13664-00 6. County: GARFIELD
7. Well Name: FOSSIL CREEK Well Number: RWF 344-6
8. Location: QtrQtr: NWSE Section: 6 Township: 7S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 05/16/2009 Date of First Production this formation: 05/27/2009
Perforations Top: 6695 Bottom: 8530 No. Holes: 132 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: []
5775 GALS 7 1/2 % HCL; 738800 # 20/40 SAND; 33775 BBLS SLICKWATER

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 07/31/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 801 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 1529 Tubing PSI: 1213 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8353 Tbg setting date: 07/06/2009 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: PERMIT TECHNICIAN Date: 7/20/2011 Email SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2568394	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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