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| 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> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">2568401</div> | | | | |
| 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. | | | | | | | |

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| 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> | |

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| 5. API Number <u>05-045-14880-00</u> | 6. County: <u>GARFIELD</u> |
| 7. Well Name: <u>FEDERAL</u> | Well Number: <u>PA 13-30</u> |
| 8. Location: QtrQtr: <u>NENW</u> Section: <u>31</u> Township: <u>6S</u> Range: <u>95W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>PARACHUTE</u> Field Code: <u>67350</u> | |

Completed Interval

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|--|--|
| FORMATION: <u>WILLIAMS FORK - CAMEO</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>09/11/2008</u> | Date of First Production this formation: <u>09/15/2008</u> |
| Perforations Top: <u>7087</u> Bottom: <u>8348</u> | No. Holes: <u>77</u> Hole size: <u>35/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>1273 GALS 7 1/2 % HCL; 451900 # 20/40 SAND; 11983 BBLs SLICKWATER</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>01/31/2009</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>547</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>364</u> Tubing PSI: <u>321</u> Choke Size: <u>20/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>DRY</u> BTU Gas: <u>1092</u> API Gravity Oil: <u>0</u> |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8000</u> Tbg setting date: <u>12/06/2008</u> Packer Depth: _____ | |
| Reason for Non-Production: | |
| | |
| 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:

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 |
|-------------|-------------------|
| 2568401 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)