

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 with 4 columns: DE, ET, OE, ES

Document Number: 1636363

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
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: SANDRA SALAZAR
Phone: (303) 629-8456
Fax: (303) 629-8285

5. API Number 05-045-18946-00
6. County: GARFIELD
7. Well Name: GOLDSBOROUGH
Well Number: PA 12-11
8. Location: QtrQtr: SENW Section: 11 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 08/10/2010 Date of First Production this formation: 08/16/2010
Perforations Top: 5896 Bottom: 7872 No. Holes: 151 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
3500 GALS 7 1/2% HCL; 1207200# 30/50 SAND; 31988 BBLs SLICKWATER (SUMMARY)
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 10/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1079 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: Bbls H2O: 0 GOR:
Test Method: FLOWING Casing PSI: 1539 Tubing PSI: 1178 Choke Size: 13/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1053 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7565 Tbg setting date: 09/21/2010 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 II Date: 4/29/2011 Email SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

| Att Doc Num | Name              |
|-------------|-------------------|
| 1636363     | FORM 5A SUBMITTED |
| 1636364     | WELLBORE DIAGRAM  |

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)