

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



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

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) 629-8285

City: DENVER State: CO Zip: 80202

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 ☒ 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)