

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:

2556865

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: ANNIE SMITH

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4363

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-17810-00

6. County: GARFIELD

7. Well Name: CHEVRON

Well Number: TR 513-28-597

8. Location: QtrQtr: SESW Section: 28 Township: 5S

Range: 97W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 05/09/2010

Date of First Production this formation: 05/09/2010

Perforations Top: 6344 Bottom: 8469 No. Holes: 182 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

8,500 GAL 10%\$ HCL ACID, 1,500,380 # 100 MESH AND 30/50 SAND, 45,350 BBLS SLICKWATER.

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

FORMATION: WILLIAMS FORK-ILES

Status: COMMINGLED

Treatment Date: 07/31/2009

Date of First Production this formation: 07/31/2009

Perforations Top: 6344 Bottom: 9143 No. Holes: 72 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

11,507 GAL 10% HCL ACID, 1,808,680 # 100 MESH AND 30/50 SAND, 55,189 BBLS SLICKWATERF.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 06/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 931 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: FLOWING Casing PSI: 1550 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9121 Tbg setting date: 08/27/2009 Packer Depth:

Reason for Non-Production:

NOTE: TUBING PLUGGED, SELLING THROUGH CASING.

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: ANNIE SMITH

Title: ENGINEER TECH Date: 7/9/2010 ANNIE.SMITH@WILLIAMS.COM

Email
:

Attachment Check List

Att Doc Num	Name
2556865	FORM 5A SUBMITTED
2556866	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req form 5, cement tickets and D/S	8/8/2011 12:13:11 PM
Permit	on hold. requested form 5 w/attachments. dhs	11/17/2010 10:39:59 AM

Total: 2 comment(s)