

**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
----	----	----	----

COMPLETED INTERVAL REPORT

Document Number:

2556865

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: <u>96850</u>	4. Contact Name: <u>ANNIE SMITH</u>
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>	Phone: <u>(303) 606-4363</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8285</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-17810-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CHEVRON</u>	Well Number: <u>TR 513-28-597</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>28</u> Township: <u>5S</u> Range: <u>97W</u> Meridian: <u>6</u>	
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)