

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



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Document Number:

1636439

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: ANGELA J NEIFERT-KRAISER

Phone: (303) 606-4398

Fax: (303) 629-8285

5. API Number 05-045-18045-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: PA 332-21

8. Location: QtrQtr: NESW Section: 21 Township: 6S Range: 95W Meridian: 6

9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/26/2010 Date of First Production this formation: 07/30/2010

Perforations Top: 6449 Bottom: 8519 No. Holes: 178 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: ☐

4562 GASL 7 1/2% HCL; 1415396# 30/50 SAND; 38425 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: 1074 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 2172 Tubing PSI: 1928 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1043 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8186 Tbg setting date: 09/10/2010 Packer Depth: 0

Reason for Non-Production: 0

Date formation Abandoned: 0 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt 0

Bridge Plug Depth: 0 Sacks cement on top: 0

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: ANGELA J NEIFERT-KRAISER

Title: REGULATORY SPECIALIST Date: 3/31/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

Attachment Check List

Att Doc Num	Name
1636439	FORM 5A SUBMITTED
1636440	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)