

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:

2586948

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: 10286 4. Contact Name: JENN MENDOZA  
2. Name of Operator: WILLIAMS PRODUCTION RYAN GULCH LLC Phone: (303) 260-4533  
3. Address: 1515 ARAPAHOE ST TWR 3 STE 1000 Fax: (303) 629-8285  
City: DENVER State: CO Zip: 80202

5. API Number 05-103-11517-00 6. County: RIO BLANCO  
7. Well Name: FEDERAL RG Well Number: 41-16-397  
8. Location: QtrQtr: NWNE Section: 16 Township: 3S Range: 97W Meridian: 6  
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/20/2010</u>		Date of First Production this formation: <u>11/22/2010</u>	
Perforations	Top: <u>11664</u> Bottom: <u>11998</u>	No. Holes: <u>34</u>	Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>1986 Gals of 10% HCL Acid, 175379 #30/50 Sand, 7581 BBLS Slickwater (summary)</u>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Test Information:</b>			
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: _____ Sacks cement on top: _____			

FORMATION: ILES Status: COMMINGLED

Treatment Date: 10/17/2010 Date of First Production this formation: 11/22/2010  
Perforations Top: 11664 Bottom: 12384 No. Holes: 71 Hole size: 35/100

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

3986 Gals of 10% HCL Acid; 418130# 30/50 Sand; 17028 BBLs Slickwater (summary)

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: 06/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 179 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil:            Mcf Gas:            Bbls H2O:            GOR:             
Test Method: flowing Casing PSI: 2202 Tubing PSI: 447 Choke Size: 31/100  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1103 API Gravity Oil: 0  
Tubing Size: 2 + 38/100 Tubing Setting Depth: 12203 Tbg setting date: 12/13/2010 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:           

FORMATION: SEGO Status: PRODUCING

Treatment Date: 10/17/2010 Date of First Production this formation: 11/22/2010  
Perforations Top: 12060 Bottom: 12384 No. Holes: 37 Hole size: 35/100

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

2000 GALS OF 10% HCL ACID; 242751# 30/50 SAND; 9447 BBLs SLICKWATER (SUMMARY).

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:           

Comment:

FINAL

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

Signed:            Print Name: JENN MENDOZA

Title: PERMIT TECH Date: 6/8/2011 Email JENN.MENDOZA@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name
2586948	FORM 5A SUBMITTED
2586949	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)