

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: CORCORAN Status: PRODUCING
 Treatment Date: 12/20/2010 Date of First Production this formation: 11/22/2010
 Perforations Top: 11664 Bottom: 11998 No. Holes: 34 Hole size: 35/100
 Provide a brief summary of the formation treatment: Open Hole:
1986 Gals of 10% HCL Acid, 175379 #30/50 Sand, 7581 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: _____

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

<u>Att Doc Num</u>	<u>Name</u>
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)