

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



Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 2586956

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: JENN MENDOZA
Phone: (303) 260-4566
Fax: (303) 629-8285

5. API Number 05-103-10705-00
6. County: RIO BLANCO
7. Well Name: FEDERAL RGU
Well Number: 32-5-298
8. Location: QtrQtr: SWNE Section: 5 Township: 2S Range: 98W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
Treatment Date: 11/13/2006 Date of First Production this formation: 11/20/2006
Perforations Top: 9748 Bottom: 9751 No. Holes: 72 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole: []
133000# 20/40 SAND; 8550# 100 MESH SAND; 3779 BBLs SLICKWATER
This formation is commingled with another formation: [X] 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: 0 API Gravity Oil: 0
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: CORCORAN Status: PRODUCING

Treatment Date: 11/13/2006 Date of First Production this formation: 11/20/2006

Perforations Top: 9905 Bottom: 10175 No. Holes: 48 Hole size: 42/100

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

133000# 20/40 SAND; 8550# 100 MESH SAND; 3779 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: 0 API Gravity Oil: 0

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: SEGO Status: PRODUCING

Treatment Date: 11/13/2006 Date of First Production this formation: 11/20/2006

Perforations Top: 10335 Bottom: 10512 No. Holes: 48 Hole size: 42/100

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

74500# 20/40 SAND; 4700 100 MESH SAND; 2182 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: 0 API Gravity Oil: 0

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 - CAMEO Status: PRODUCING

Treatment Date: 11/13/2006 Date of First Production this formation: 11/20/2006

Perforations Top: 7381 Bottom: 9451 No. Holes: 276 Hole size: 42/100

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

8,172 GAL 10% HCL ACID, 1,134,500# 20/40 SAND 16,900# 100 MESH SAND, 27,054 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: 0 API Gravity Oil: 0

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: 11/13/2006 Date of First Production this formation: 11/20/2006

Perforations Top: 7381 Bottom: 10512 No. Holes: 444 Hole size: 42/100

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

8,172 GAL 10% HCL ACID; 1475000# 20/40 SAND; 38700# 100 MESH SAND; BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/03/2007 Hours: 24 Bbls oil: 0 Mcf Gas: 587 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 873 Tubing PSI: 432 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1114 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10396 Tbg setting date: 03/07/2007 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: _____

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: 4/25/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2586956	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)