

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:

2586958

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

4. Contact Name: JENN MENDOZA

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 260-4533

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-103-10703-00

6. County: RIO BLANCO

7. Well Name: FEDERAL RG

Well Number: 24-20-398

8. Location: QtrQtr: SESW Section: 20 Township: 3S Range: 98W Meridian: 6

9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Date: Date of First Production this formation: 08/30/2006

Perforations Top: 8961 Bottom: 9093 No. Holes: 18 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

750 GALS 10% HCL ACID; 97250# 20/40 SAND; 2222 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: CORCORAN Status: PRODUCING

Treatment Date: 08/17/2006 Date of First Production this formation: 08/30/2006

Perforations Top: 9140 Bottom: 9308 No. Holes: 18 Hole size: 42/100

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

750 GALS 10% HCL ACID; 97250# 20/40 SAND; 2222 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: SEGO Status: PRODUCING

Treatment Date: 08/17/2006 Date of First Production this formation: 08/30/2006

Perforations Top: 9359 Bottom: 9625 No. Holes: 36 Hole size: 42/199

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

1500 GALS 10% HCL ACID; 185000# 20/40 SAND; 4315 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 - CAMEO

Status: PRODUCING

Treatment Date: 08/17/2006

Date of First Production this formation: 08/30/2006

Perforations Top: 6704 Bottom: 8647 No. Holes: 144 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

6000 GALS 10% HCL ACID; 681000# 20/40 SAND; 15660 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: 08/17/2006

Date of First Production this formation: 08/30/2006

Perforations Top: 6704 Bottom: 9625 No. Holes: 216 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

9000 GALS 10% HCL ACID; 1060500# 20/40 SAND; 24420 BBLS SWLICKWATER (SUMMARY)

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: 09/10/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 1882 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 2000 Tubing PSI: 1300 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1148 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9533 Tbg setting date: 08/31/2006 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 |
|-------------|-------------------|
| 2586958 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|--------------------------|
| Data Entry | COMMINGLED FORMATION: WFCM/ILES NOT AVAILABLE IN DROPDOWN. WILLIAMSFORK ILES ENTERED. BTU GAS REQUIRED IF MCF GAS HAS BEEN ENTERED. | 7/26/2011 12:56:23 PM |

Total: 1 comment(s)