

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:

2587135

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 05-045-17346-00

6. County: GARFIELD

7. Well Name: JOLLEY

Well Number: KP 511-16

8. Location: QtrQtr: SWNW Section: 16 Township: 6S Range: 91W Meridian: 6

9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: COZZETTE Status: TEMPORARILY ABANDONED

Treatment Date: 02/25/2010 Date of First Production this formation: 02/27/2010

Perforations Top: 7888 Bottom: 7924 No. Holes: 16 Hole size: 35/100

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

500 GALS 7 1/2% HCL; 67101 # 20/40 SAND; 3160 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: NOT ECONOMICALLY PRODUCTIVE.

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

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 01/05/2010 Date of First Production this formation: 01/16/2010

Perforations Top: 7950 Bottom: 8155 No. Holes: 34 Hole size: 35/100

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

1000 GALS 7 1/2% HCL; 115400# 20/40 SAND; 5148 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:

NOT ECONOMICALLY PRODUCTIVE.

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

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: ROLLINS Status: TEMPORARILY ABANDONED

Treatment Date: 04/07/2010 Date of First Production this formation: 04/08/2010

Perforations Top: 7538 Bottom: 7636 No. Holes: 20 Hole size: 35/100

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

500 GALS 7 1/2% HCL; 86709# 20/40 SAND; 2153 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:

NOT ECONOMICALLY PROFITABLE.

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

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK - CAMEO

Status: COMMINGLED

Treatment Date: 05/12/2010

Date of First Production this formation: 05/13/2010

Perforations Top: 5083

Bottom: 7302

No. Holes: 168

Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

3014 GALS 7 1/2% HCL; 1027138# 20/40 SAND; 62629 BBLS SLICKWATER (SUMMARY)

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

Date: 03/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1181 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 770 Tubing PSI: 408 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1191 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6656 Tbg setting date: 02/22/2011 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:

FORM 5 DOC #2587137

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 Date: 5/16/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

Attachment Check List

Att Doc Num	Name
2587135	FORM 5A SUBMITTED
2587136	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments**User Group** **Comment** **Comment Date**

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Total: 0 comment(s)