

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:

2587120

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: ANGELA J. NEIFERT-KRAISER  
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 606-4398  
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19193-00 6. County: GARFIELD  
7. Well Name: WRIGHT, CASTEEL AND Well Number: SG 431-33  
8. Location: QtrQtr: SWSE Section: 28 Township: 7S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

**Completed Interval**

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 11/22/2010 Date of First Production this formation: 11/29/2010  
Perforations Top: 4110 Bottom: 5495 No. Holes: 103 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
2515 GALS 7 1/2% HCL; 745499# 30/50 SAND; 16327 BBLs SLICKWATER (SUMMARY)  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 01/31/2011 Hours: 21 Bbls oil: 0 Mcf Gas: 905 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 905 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 1008 Tubing PSI: 869 Choke Size: 48/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1058 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5276 Tbg setting date: 01/07/2011 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 #2587122

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: 6/8/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

### Attachment Check List

Att Doc Num	Name
2587120	FORM 5A SUBMITTED
2587121	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)