

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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| DE | ET | OE | ES |
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Document Number:

2587309

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: SANDRA SALAZAR
Phone: (303) 629-8456
Fax: (303) 629-8272

5. API Number 05-045-16886-00
6. County: GARFIELD
7. Well Name: SAVAGE
Well Number: RMV 149-26
8. Location: QtrQtr: SENW Section: 26 Township: 6S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

| | | | |
|--|--------------------------------------|---|---|
| FORMATION: <u>WILLIAMS FORK - CAMEO</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>11/26/2008</u> | | Date of First Production this formation: <u>12/02/2008</u> | |
| Perforations | Top: <u>5781</u> Bottom: <u>7694</u> | No. Holes: <u>91</u> | Hole size: <u>35/100</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <u>2900 GALS 7 1/2% HCL; 565400 # 20/40 SAND; 16367 BBLS SLICKWATER (SUMMARY).</u> | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Test Information: | | | |
| Date: <u>01/31/2009</u> | Hours: <u>24</u> | Bbls oil: <u>0</u> | Mcf Gas: <u>1080</u> Bbls H2O: <u>0</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>0</u> | Mcf Gas: <u>1080</u> Bbls H2O: <u>0</u> GOR: <u>0</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>2262</u> | Tubing PSI: <u>2143</u> | Choke Size: <u>10/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>DRY</u> | BTU Gas: <u>0</u> | API Gravity Oil: <u>0</u> |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7501</u> | Tbg setting date: <u>01/19/2009</u> | Packer Depth: <u></u> |
| Reason for Non-Production: <u></u> | | | |
| Date formation Abandoned: <u></u> | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt <u></u> |
| Bridge Plug Depth: <u></u> | | Sacks cement on top: <u></u> | |

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: SANDRA SALAZAR

Title: PERMITTING Date: 3/30/2009 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2587309 | FORM 5A SUBMITTED |
| 2587310 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|-------------------------|
| Data Entry | CHECK: BTU GAS IS ENTERED SINCE MCF GAS HAS BEEN DATA ENTERED. | 8/16/2011 3:37:11 PM |

Total: 1 comment(s)