

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:

2587095

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 05-045-18222-00

6. County: GARFIELD

7. Well Name: GM

Well Number: 331-27

8. Location: QtrQtr: SWNE Section: 27 Township: 6S Range: 96W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 10/22/2010 Date of First Production this formation: 10/22/2010

Perforations Top: 5914 Bottom: 7573 No. Holes: 110 Hole size: 35/100

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

2507 GALS 7 1/2% HCL; 491 GALS 10% HCL; 902700# 40/70 SAND; 24573 BBLS SLICKWATER. (SUMMARY)

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/31/2010 Hours: 21 Bbls oil: 0 Mcf Gas: 1002 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: Bbls H2O: 0 GOR:

Test Method: FLOWING Casing PSI: 1749 Tubing PSI: 1501 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1051 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7337 Tbg setting date: 12/10/2010 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: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY SPECIALIST Date: 5/4/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

### Attachment Check List

Att Doc Num	Name
2587095	FORM 5A SUBMITTED
2587096	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)