

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:

1636508

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 05-045-18038-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: PA 412-21

8. Location: QtrQtr: NESW Section: 21 Township: 6S Range: 95W Meridian: 6

9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/26/2010 Date of First Production this formation: 07/27/2010

Perforations Top: 6359 Bottom: 8316 No. Holes: 149 Hole size: 35/100

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

4157 GALS 7 1/2% HCL; 1263290# 30/50 SAND; 30/50 SAND; 34394 BBLS SLICKWATER (SUMMARY)

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

**Test Information:**

Date: 10/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1109 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1950 Tubing PSI: 1696 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1063 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8030 Tbg setting date: 09/10/2010 Packer Depth: 0

Reason for Non-Production:

0

Date formation Abandoned: 0 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt 0

Bridge Plug Depth: 0 Sacks cement on top: 0

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: 3/31/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

### Attachment Check List

Att Doc Num	Name
1636508	FORM 5A SUBMITTED
1636509	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 5 rcd. Waiting on paper RMTE log. NKP	8/22/2011 11:35:49 AM
Permit	Waiting on Form 5, paper RMTE/RPM log. NKP	3/8/2011 1:36:24 PM

Total: 2 comment(s)