

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:

2587311

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 05-045-16101-00  
6. County: GARFIELD  
7. Well Name: SAVAGE  
Well Number: RWF 411-26  
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>11/29/2008</u>	Date of First Production this formation: <u>12/02/2008</u>
Perforations Top: <u>5737</u> Bottom: <u>7740</u>	No. Holes: <u>114</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment: <u>3500 GALS 7 1/2% HCL; 656000 # 20/40 SAND; 19091 BBLS SLICKWATER (SUMMARY)</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>01/23/2009</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1032</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>FLOWING</u> Casing PSI: <u>2260</u> Tubing PSI: <u>2083</u> Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>111</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7469</u> Tbg setting date: <u>01/15/2009</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: SANDRA SALAZAR

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

### Attachment Check List

Att Doc Num	Name
2587311	FORM 5A SUBMITTED
2587312	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	BTU GAS IS REQUIRED ENTRY IF MCF GAS IS ENTERED.	8/16/2011 3:31:44 PM

Total: 1 comment(s)