

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:

2587080

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 05-045-18219-00

6. County: GARFIELD

7. Well Name: GM

Well Number: 541-27

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: 09/27/2010 Date of First Production this formation: 09/29/2010

Perforations Top: 5778 Bottom: 7308 No. Holes: 113 Hole size: 35/100

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

2570 7 1/2% HCL; 500 GALS 10% HCL 896349# 40/70 SAND; 24423 BBLS SLICKWATER. (SUMMARY)

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

Test Information:

Date: 12/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 969 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1605 Tubing PSI: 1432 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1044 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7102 Tbg setting date: 12/08/2010 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 Date: 6/28/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

Attachment Check List

Att Doc Num	Name
2587080	FORM 5A SUBMITTED
2587081	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 5A 2587090 deleted as duplicate per Matt Barber, Williams. NKP 9/12/2011	9/12/2011 9:14:35 AM
Permit	Email to M. B. (Wms) 8/17 re possible duplicates. NKP	8/24/2011 10:49:31 AM

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