

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:

2588321

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: MATT BARBER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4385

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19019-00

6. County: GARFIELD

7. Well Name: DIAMOND ELK

Well Number: PA 32-12

8. Location: QtrQtr: NWNE Section: 12 Township: 7S Range: 95W Meridian: 6

9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 03/29/2011

Date of First Production this formation: 04/05/2011

Perforations	Top:	6090	Bottom:	8026	No. Holes:	127	Hole size:	35/100
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Provide a brief summary of the formation treatment:

Open Hole:

3,982 GALS 7-1/2% HCL; 549,183# 30/50 SAND; 252,800# BBLS SLICKWATER (SUMMARY)

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

Test Information:

Date:	05/23/2011	Hours:	24	Bbls oil:	0	Mcf Gas:	842	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:	0
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Test Method: FLOWING	Casing PSI: 1001	Tubing PSI: 670	Choke Size: 20/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1059	API Gravity Oil:	0
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 7801 Tbg setting date: 04/12/2011 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: MATT BARBER

Title: PERMIT ANALYST Date: 6/21/2011 Email: MBARBER@BILLBARRETTCORP.COM

Attachment Check List

Att Doc Num	Name
2588321	FORM 5A SUBMITTED
2588322	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)