

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 2588316

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: MATT BARBER
Phone: (303) 606-4385
Fax: (303) 629-8268

5. API Number 05-045-18298-00
6. County: GARFIELD
7. Well Name: Mahaffey
Well Number: PA 43-25
8. Location: QtrQtr: SESW Section: 25 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 10/04/2010 Date of First Production this formation: 10/07/2010

Perforations Top: 6089 Bottom: 8059 No. Holes: 150 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: []

2,002 GALS 7-1/2% HCL, 2,000 GALS 10% HCL; 950,979# 30/50 SAND; 178,400# 100-MESH; 30,125 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 11/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 998 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1068 Tubing PSI: 959 Choke Size: 23/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1057 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7714 Tbg setting date: 11/04/2010 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: MATT BARBER
Title: PERMIT ANALYST Date: 6/21/2011 Email: MBARBER@BILLBARRETTCORP.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2588316	FORM 5A SUBMITTED
2588317	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)