

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:

2588306

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 05-045-19029-00 6. County: GARFIELD
 7. Well Name: DIAMOND ELK Well Number: PA 541-12
 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: 04/04/2011

Perforations Top: 6280 Bottom: 4244 No. Holes: 161 Hole size: 35/100

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

4,024 GALS 7-1/2% HCL; 734,160# 30/50 SAND; 112,800# 100-MESH; 25,191 BBLS SLICKWATER (SUMMARY)

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1064 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1334 Tubing PSI: 923 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1056 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7967 Tbg setting date: 04/18/2011 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

<u>Att Doc Num</u>	<u>Name</u>
2588306	FORM 5A SUBMITTED
2588307	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)