

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:

2588469

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: SANDRA SALAZAR

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 629-8456

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

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-17629-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: RWF 514-18

8. Location: QtrQtr: SESW Section: 18 Township: 6S

Range: 94W Meridian: 6

9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: MORROW V-6 Status: ABANDONED COMPLETION

Treatment Date: 01/20/2010 Date of First Production this formation: 01/25/2010

Perforations Top: 6513 Bottom: 6664 No. Holes: 16 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

7/26/11: SWAB TESTED ENTIRE MV6 STAGE (17.5 BPH), MOVED PKR TO SWAB TEST BOTTOM SET OF PERFS IN M V6 (WOULD NOT FLOW GAS/WATER). SQUEEZED MV6)6850' - 6760') W/100 SX 17 PPG CLASS G CEMENT, DRILLED OUT CEMENT AND PRESSURE TETED SQUEEZE HOLES TO 1000 PSI (TESTED W/ 265 JTS ON 7/26/2011, WELL HAS RETURN TO PRODUCTION.

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

SQUEEZ JOB

Date formation Abandoned: 07/26/2011 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 100

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 01/20/2010 Date of First Production this formation: 01/25/2010

Perforations Top: 6714 Bottom: 8767 No. Holes: 150 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

3774 GALS 7 1/2% HCL; 943877 # 20/40 SAND; 28212 BBLS SLICKWATER

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

Test Information:

Date: 06/30/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1079 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1569 Tubing PSI: 1291 Choke Size: 9/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1081 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8414 Tbg setting date: 07/26/2011 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: SANDRA SALAZAR

Title: PERMIT TECHNICIAN

Date: 9/1/2011

Email SANDRA.SALAZAR@WILLIAMS.COM

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Attachment Check List

Att Doc Num	Name
2588469	FORM 5A SUBMITTED
2588470	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)