

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:

2285166

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 05-045-18104-00

7. Well Name: FEDERAL

6. County: GARFIELD

Well Number: PA 514-16

8. Location: QtrQtr: NENE Section: 20 Township: 6S Range: 95W Meridian: 6

9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 12/10/2010

Date of First Production this formation: 12/23/2010

Perforations Top: 7602 Bottom: 9659 No. Holes: 133 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

3800 GALS 7 1/2% HCL; 974,000 40/70 SAND; 28,074 BBLS SLICKWATER (SUMMARY).

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

Test Information:

Date: 03/22/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1430 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1689 Tubing PSI: 1127 Choke Size: 13/60

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1046 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9347 Tbg setting date: 01/20/2011 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:

FORM 5 DOC # 2285168

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: REGULATORY Date: 9/30/2011 Email: MATT.BARBER@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name
2285166	FORM 5A SUBMITTED
2285167	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)