

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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

Document Number: 2285220

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 05-045-18115-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: PA 442-20
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: 01/24/2011 Date of First Production this formation: 01/26/2011
Perforations Top: 6885 Bottom: 8726 No. Holes: 125 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
4649 GALS OF 7 1/2% HCL ACID; 726,822# 40/70 SAND; 22,076 BBLS SLICKWATER (SUMMARY).
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 03/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 983 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 827 Tubing PSI: 453 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1091 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8442 Tbg setting date: 03/08/2011 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 # 2285222

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: 10/13/2011 Email: MATT.BARBER@WILLIAMS.COM

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
2285220	FORM 5A SUBMITTED
2285221	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)