

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:

2587478

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
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4. Contact Name: ANGELA J.
NEIFEERT-KRAISER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4398

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

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number	05-045-19173-00
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6. County: GARFIELD

7. Well Name: WRIGHT, CASTEEL AND

Well Number: SG 544-28

8. Location: QtrQtr: SWSE Section: 28 Township: 7S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO	Status: PRODUCING
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Treatment Date:	11/22/2010	Date of First Production this formation:	11/25/2010
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Perforations	Top:	3872	Bottom:	5128	No. Holes:	102	Hole size:	35/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

2535 GALS 7 1/2% HCL; 724464# 30/50 SAND; 15785 BBLS SLICKWATER (SUMMARY)

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

Test Information:

Date:	01/30/2011	Hours:	21	Bbls oil:	0	Mcf Gas:	994	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: FLOWING	Casing PSI: 778	Tubing PSI: 662	Choke Size: 48/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1082	API Gravity Oil:	0
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 4926 Tbg setting date: 12/29/2010 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: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY Date: 6/15/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

Attachment Check List

Att Doc Num	Name
2587478	FORM 5A SUBMITTED
2587479	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--passed 5A	11/23/2011 8:31:33 AM
Permit	Test indicates 21 hours, no calculated 24 hour rate. email to opr to verify. NKP	8/25/2011 12:28:26 PM

Total: 2 comment(s)