

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



Table with columns DE, ET, OE, ES

Document Number: 2285457

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: ANGELA J. NEIFERT-KRAISER
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-16177-00
6. County: GARFIELD
7. Well Name: WILLIAMS
Well Number: SG 412-35
8. Location: QtrQtr: SWNW Section: 35 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 05/09/2009 Date of First Production this formation: 05/11/2009
Perforations Top: 3639 Bottom: 4918 No. Holes: 83 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
2169 GALS OF 7 1/2% HCL; 535106# OF 30/50 SAND; 121399 BBLs SLICKWATER; 1677399 SCF N2 (SUMMARY).
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 09/30/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 588 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 457 Tubing PSI: 312 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1002 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4721 Tbg setting date: 09/21/2010 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: UPDATED FINAL

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: 10/19/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

### Attachment Check List

Att Doc Num	Name
2285457	FORM 5A SUBMITTED
2285458	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)