

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: 2285489

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: SANDRA SALAZAR
Phone: (303) 629-8456
Fax: (303) 629-8268

5. API Number 05-045-19637-00
6. County: GARFIELD
7. Well Name: Savage
Well Number: RWF 342-3
8. Location: QtrQtr: SWSE Section: 34 Township: 6S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 06/03/2011 Date of First Production this formation: 06/06/2011

Perforations Top: 6261 Bottom: 8063 No. Holes: 129 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: []

3500 GALS OF 7 1/2% HCL; 1018700 # OF 20/40 SAND; 28529 BBLs SLICKWATER (SUMMARY).

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 07/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1026 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 2215 Tubing PSI: 1855 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1028 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7858 Tbg setting date: 06/17/2011 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 # 2285486

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: PERMITTING Date: 9/30/2011 Email SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2285489	FORM 5A SUBMITTED
2285490	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)