

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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| DE | ET | OE | ES |
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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

4. Contact Name: SANDRA SALAZAR

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 629-8456

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

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

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 ☒ 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)