

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2285871

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: JENN MENDOZA
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 260-4533
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-19020-00 6. County: GARFIELD
 7. Well Name: DIAMOND ELK Well Number: PA 331-12
 8. Location: QtrQtr: NWNE Section: 12 Township: 7S Range: 95W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 04/27/2011 Date of First Production this formation: 05/04/2011
 Perforations Top: 6011 Bottom: 7974 No. Holes: 143 Hole size: 35/100
 Provide a brief summary of the formation treatment: Open Hole:
3848 GALS 7.5% HCL; 861200# 30/50 SAND; 21166 BBLs SLICKWATER (SUMMARY).
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 07/17/2011 Hours: 24 Bbls oil: _____ Mcf Gas: 671 Bbls H2O: _____
 Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: FLOWING Casing PSI: 655 Tubing PSI: 364 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1059 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7662 Tbg setting date: 05/19/2011 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# 2285868

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: JENN MENDOZA
 Title: PERMIT TECH Date: 11/4/2011 Email JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2285871	FORM 5A SUBMITTED
2285872	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added field name	1/9/2012 12:31:07 PM

Total: 1 comment(s)