

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 4 columns: DE, ET, OE, ES

Document Number: 2587012

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 05-045-16878-00
6. County: GARFIELD
7. Well Name: Savage
Well Number: SR 412-9
8. Location: QtrQtr: SWNW Section: 9 Township: 7S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 01/04/2011 Date of First Production this formation: 01/05/2011

Perforations Top: 6645 Bottom: 8644 No. Holes: 156 Hole size: 35/100

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

4038 GALS 7 1/2% HCL; 1067666 # 20/40 SAND; 28978 BBLs SLICKWATER (SUMMARY)

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

Test Information:

Date: 02/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1084 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 0

Test Method: FLOWING Casing PSI: 2393 Tubing PSI: 1953 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1029 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8321 Tbg setting date: 02/01/2011 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#2587014

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: 5/31/2011 Email SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

| Att Doc Num | Name              |
|-------------|-------------------|
| 2587012     | FORM 5A SUBMITTED |
| 2587013     | WELLBORE DIAGRAM  |

Total Attach: 2 Files

### General Comments

| <u>User Group</u> | <u>Comment</u>  | <u>Comment Date</u>      |
|-------------------|---|--------------------------|
| Permit            | off hold; resolved issues with form 5.  | 1/17/2012<br>7:46:15 AM  |
| Permit            | Directional survey, cement ticket, paper RPM log rcd. Directional survey missing profiles, requested 10/5/2011. NKP | 11/1/2011<br>4:55:48 PM  |
| Permit            | Fm 5 rcd. No directional survey or cement ticket rcd yet. NKP   | 8/24/2011<br>1:25:26 PM  |
| Permit            | Waiting on Form 5. NKP  | 8/17/2011<br>10:12:57 AM |

Total: 4 comment(s)