

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



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| DE | ET | OE | ES |
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Document Number:

2286164

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: MATT BARBER  
Phone: (303) 606-4385  
Fax: (303) 629-8268

5. API Number 05-045-17797-00  
6. County: GARFIELD  
7. Well Name: Jolley  
Well Number: KP 522-21  
8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 91W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

**Completed Interval**

|   |  |
|---|--|
| FORMATION: <u>WILLIAMS FORK - CAMEO</u>   | Status: <u>PRODUCING</u>                                   |
| Treatment Date: <u>06/17/2011</u>   | Date of First Production this formation: <u>07/02/2011</u> |
| Perforations Top: <u>5073</u> Bottom: <u>7778</u>   | No. Holes: <u>198</u> Hole size: <u>35/100</u>             |
| Provide a brief summary of the formation treatment: <u>8,245 GALS OF 7.5% HCL; 1,582,362# 20/40 SAND; 62,550 BBLS SLICKWATER (SUMMARY).</u> |  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    |  |
| <b>Test Information:</b>  |  |
| Date: <u>07/15/2011</u> Hours: <u>24</u> Bbls oil: _____ Mcf Gas: <u>991</u> Bbls H2O: _____  |  |
| Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____  |  |
| Test Method: <u>FLOWING</u> Casing PSI: <u>780</u> Tubing PSI: <u>389</u> Choke Size: <u>45/60</u>  |  |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1190</u> API Gravity Oil: _____   |  |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6699</u> Tbg setting date: <u>06/24/2011</u> Packer Depth: _____                       |  |
| Reason for Non-Production: _____  |  |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____         |  |
| Bridge Plug Depth: _____ Sacks cement on top: _____   |  |

Comment:

FORM 5 DOC#2286161

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: MATT BARBER

Title: SR. REGULATORY SPECIALIST Date: 11/17/2011 Email: MATT.BARBER@WILLIAMS.COM

### Attachment Check List

| Att Doc Num | Name              |
|-------------|-------------------|
| 2286164     | FORM 5A SUBMITTED |
| 2286165     | WELLBORE DIAGRAM  |

Total Attach: 2 Files

### General Comments

| <u>User Group</u> | <u>Comment</u>   | <u>Comment Date</u>     |
|-------------------|------------------|-------------------------|
| Permit            | Added field name | 1/17/2012<br>6:02:16 PM |

Total: 1 comment(s)