

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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Document Number:

2286159

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 05-045-19044-00
6. County: GARFIELD
7. Well Name: DIAMOND ELK
Well Number: PA 542-12
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: 01/31/2011 Date of First Production this formation: 02/04/2011
Perforations Top: 6735 Bottom: 8511 No. Holes: 151 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
3509 GALS 7.5% HCL; 928,806# 30/50 SAND; 25,778 BBLS SLICKWATER (SUMMARY).
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: _____ Hours: 24 Bbls oil: _____ Mcf Gas: 953 Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: FLOWING Casing PSI: 1894 Tubing PSI: 1741 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1045 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8254 Tbg setting date: 03/04/2011 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#2286156

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: 11/14/2011 Email MATT.BARBER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2286159	FORM 5A SUBMITTED
2286160	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added field name	1/18/2012 1:56:40 PM

Total: 1 comment(s)