

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:

2286234

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 05-045-19674-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 13-26
8. Location: QtrQtr: NWSE Section: 27 Township: 6S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 03/10/2011 Date of First Production this formation: 03/12/2011
Perforations Top: 5456 Bottom: 7134 No. Holes: 131 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
2570 GALS OF 7.5% HCL; 882,500# OF 30/50 SAND; 22,756 BBLS SLICKWATER (SUMMARY).
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/17/2011 Hours: 24 Bbls oil: Mcf Gas: 1048 Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 1831 Tubing PSI: 864 Choke Size: 13/60
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1098 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6881 Tbg setting date: 06/08/2011 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 DOCUMENT #2286231

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: 1/3/2012 Email: MATT.BARBER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2286235	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added field name	1/18/2012 2:56:18 PM

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