

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:

2286348

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 05-045-19437-00  
6. County: GARFIELD  
7. Well Name: Puckett  
Well Number: GM 514-32  
8. Location: QtrQtr: NWSE Section: 31 Township: 6S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 02/22/2011 Date of First Production this formation: 02/25/2011  
Perforations Top: 5950 Bottom: 7511 No. Holes: 106 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
2,500 GALS 7-1/2% HCL; 837,607# 30/50 SAND; 23,336 BBLS SLICKWATER (SUMMARY)  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 05/31/2011 Hours: 24 Bbls oil: Mcf Gas: 1019 Bbls H2O:  
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:  
Test Method: FLOWING Casing PSI: 1503 Tubing PSI: 1341 Choke Size: 13/60  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7286 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:

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 SPEC Date: 11/29/2011 Email: MATT.BARBER@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name
2286348	FORM 5A SUBMITTED
2286349	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added field name	1/19/2012 3:16:43 PM

Total: 1 comment(s)