

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:

2286485

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 4. Contact Name: SANDRA SALAZAR
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 606-4398
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19906-00 6. County: GARFIELD
7. Well Name: ExxonMobil Well Number: GM 341-34
8. Location: QtrQtr: NWNE Section: 34 Township: 6S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/07/2011</u>		Date of First Production this formation: <u>07/17/2011</u>	
Perforations	Top: <u>5667</u> Bottom: <u>7281</u>	No. Holes: <u>123</u>	Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>2867 ACID 7 1/2 % HCL; 993600 # 30/50 SAND; 26823 BBLS SLICKWATER (SUMMARY)</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>08/31/2011</u>	Hours: <u>21</u>	Bbls oil: _____	Mcf Gas: <u>1279</u> Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>1615</u>	Tubing PSI: <u>1482</u>	Choke Size: <u>48/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1094</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7113</u>	Tbg setting date: <u>07/25/2011</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 DOCUMENT #2286482

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: 11/29/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2286485	FORM 5A SUBMITTED
2286486	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added field name	1/23/2012 1:37:36 PM

Total: 1 comment(s)