

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



DE ET OE ES

Document Number:

2286475

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: SANDRA SALAZAR  
Phone: (303) 629-8456  
Fax: (303) 629-8285

5. API Number 05-045-19670-00  
6. County: GARFIELD  
7. Well Name: ExxonMobil  
Well Number: GM 533-27  
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: 06/07/2011 Date of First Production this formation: 06/14/2011  
Perforations Top: 4928 Bottom: 6893 No. Holes: 124 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
877200# 30/50 SAND; 24624 BBLS SLIKWATER; (SUMMARY)  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 08/31/2011 Hours: 21 Bbls oil: Mcf Gas: 1090 Bbls H2O:  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: Bbls H2O: 0 GOR:  
Test Method: FLOWING Casing PSI: 1430 Tubing PSI: 816 Choke Size: 13/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1051 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6678 Tbg setting date: 07/08/2011 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:

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: PERMIT TECHNICIAN II Date: 11/29/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name
2286475	FORM 5A SUBMITTED
2286476	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 12:37:15 PM

Total: 1 comment(s)