

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



Table with columns DE, ET, OE, ES

Document Number: 2286505

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) 629-8268

5. API Number 05-045-19731-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 523-27
8. Location: QtrQtr: SESW 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: 06/28/2011 Date of First Production this formation: 07/09/2011

Perforations Top: 5296 Bottom: 6921 No. Holes: 124 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: []

3000 GALS 7.5% HCL; 1139204 # OF 30/50 SAND; 29215 BBLs SLICKWATER (SUMMARY).

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 08/31/2011 Hours: 21 Bbls oil: Mcf Gas: 1272 Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: FLOWING Casing PSI: 1654 Tubing PSI: 1506 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1066 API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6710 Tbg setting date: 07/15/2011 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 #2286502

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 |
|-------------|-------------------|
| 2286505 | FORM 5A SUBMITTED |
| 2286506 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)