

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 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 2286681

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 05-045-19443-00
6. County: GARFIELD
7. Well Name: Puckett
Well Number: GM 414-32
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: 02/24/2011
Perforations Top: 5680 Bottom: 7326 No. Holes: 136 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: []
3000 GALS 7-1/2% HCL; 846,860 # OF 30/50 SAND; 25,084 BBLS SLICKWATER (SUMMARY).
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 06/27/2011 Hours: 24 Bbls oil: Mcf Gas: 1029 Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING Casing PSI: 1564 Tubing PSI: 1271 Choke Size: 13/60
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1059 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7091 Tbg setting date: 06/14/2011 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 # 2286678

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: 12/27/2011 Email: MATT.BARBER@WILLIAMS.COM

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------|
| 2286681 | FORM 5A SUBMITTED |
| 2286682 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|------------------|--------------------------|
| Permit | Added field name | 1/30/2012 12:57:53 PM |

Total: 1 comment(s)