

**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:

2286681

## 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: MATT BARBER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4385

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

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 ☒ 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

Att Doc Num	Name
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)