

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:

2286724

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: ANGELA NEIFERT-KRAISER

Phone: (303) 606-4398

Fax: (303) 629-8285

5. API Number 05-045-18111-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: PA 432-20

8. Location: QtrQtr: NENE Section: 20 Township: 6S Range: 95W Meridian: 6

9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 01/25/2011 Date of First Production this formation: 01/26/2011

Perforations Top: 6917 Bottom: 8837 No. Holes: 119 Hole size: 35/100

Provide a brief summary of the formation treatment: 4265 GALS 7 1/2%; 763800# 40/70 SAND; 23099 BBLS SUMMARY (SUMMARY)

Open Hole: ☐

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 03/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1085 Bbls H2O: 0

Calculated 24 hour rate: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1106 Tubing PSI: 807 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1072 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8560 Tbg setting date: 03/04/2011 Packer Depth: 0

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: ANGELA NEIFERT-KRAISER Print Name: ANGELA NEIFERT-KRAISER

Title: REGULATORY SPECIALIST Date: 11/30/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

### Attachment Check List

Att Doc Num	Name
2286724	FORM 5A SUBMITTED
2286725	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added formation name	2/8/2012 11:04:44 AM

Total: 1 comment(s)