

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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COMPLETED INTERVAL REPORT

Document Number:
2286724

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: ANGELA NEIFERT-KRAISER
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 606-4398
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

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: Bbls oil: 0 Mcf Gas: 1072 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: 03/31/2011 Squeeze: Yes No If yes, number of sacks cmt 0
 Bridge Plug Depth: 0 Sacks cement on top: 0

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

<u>Att Doc Num</u>	<u>Name</u>
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)