

**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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| DE | ET | OE | ES |
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Document Number:

2285351

## 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: ANGELA J.  
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 05-045-18214-00

6. County: GARFIELD

7. Well Name: GM

Well Number: 432-27

8. Location: QtrQtr: SWNE 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: | 12/21/2010 | Date of First Production this formation: | 12/30/2010 |
|-----------------|------------|--|------------|

|              |      |      |         |      |            |     |            |        |
|--------------|------|------|---------|------|------------|-----|------------|--------|
| Perforations | Top: | 5211 | Bottom: | 7006 | No. Holes: | 119 | Hole size: | 35/100 |
|--------------|------|------|---------|------|------------|-----|------------|--------|

|   |                                 |
|---|---------------------------------|
| Provide a brief summary of the formation treatment: | Open Hole: <input type="text"/> |
|---|---------------------------------|

2511 GALS OF 7 1/2% HCL; 2014 GALS 10% HCL 685200# 30/50 SAND; 19849 BBL Slickwater (SUMMARY).

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

**Test Information:**

|       |            |        |    |           |   |          |     |           |   |
|-------|------------|--------|----|-----------|---|----------|-----|-----------|---|
| Date: | 02/28/2011 | Hours: | 24 | Bbls oil: | 0 | Mcf Gas: | 928 | Bbls H2O: | 0 |
|-------|------------|--------|----|-----------|---|----------|-----|-----------|---|

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

|                      |                 |                 |                   |
|----------------------|-----------------|-----------------|-------------------|
| Test Method: FLOWING | Casing PSI: 566 | Tubing PSI: 234 | Choke Size: 28/64 |
|----------------------|-----------------|-----------------|-------------------|

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

Tubing Size: 2 + 3/8      Tubing Setting Depth: 6767      Tbg setting date: 01/18/2011      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 DOC # 2285348

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY Date: 10/3/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.

### Attachment Check List

| Att Doc Num | Name              |
|-------------|-------------------|
| 2285351     | FORM 5A SUBMITTED |
| 2285352     | WELLBORE DIAGRAM  |

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)