

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400259191

Date Received:

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 05-045-19665-00 6. County: GARFIELD
7. Well Name: ExxonMobil Well Number: GM 44-27
8. Location: QtrQtr: NWSE 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: 03/04/2011 Date of First Production this formation: 06/23/2011

Perforations Top: 5117 Bottom: 7157 No. Holes: 163 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: [X]

1111826# 30/50 Sand, 29769 BBLs of Slickwater (Summary)

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 07/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1294 Bbls H2O: 0

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

Test Method: Flowing Casing PSI: 1880 Tubing PSI: 1685 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1023 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7264 Tbg setting date: 07/05/2011 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:

[ ]

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: Email matt.barber@williams.com

### Attachment Check List

Att Doc Num	Name
400259202	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)