


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2121073</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>96850</u>		4. Contact Name: <u>ANGELA J. NEIFERT-KRAISER</u>					
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>		Phone: <u>(303) 606-4398</u>					
3. Address: <u>1001 17TH STREET - SUITE #1200</u>		Fax: <u>(303) 629-8285</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-045-14578-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>AP</u>		Well Number: <u>342-11-696</u>					
8. Location: QtrQtr: <u>NENE</u>	Section: <u>11</u>	Township: <u>6S</u>	Range: <u>96W</u> Meridian: <u>6</u>				
9. Field Name: _____		Field Code: _____					
Completed Interval							
FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>ABANDONED COMPLETION</u>					
Treatment Date: <u>02/11/2008</u>		Date of First Production this formation: _____					
Perforations Top: <u>10017</u>	Bottom: <u>10625</u>	No. Holes: <u>46</u>	Hole size: <u>35/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<u>2255 GALS 10% HCL; 214100#30/50 SAND; 7242 BBLS SLICKWATER (SUMMARY).</u>							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____				
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____				
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____				
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____				
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____				
Reason for Non-Production:							
<u>PARTED CASING/FISH IN HOLE</u>							
Date formation Abandoned: <u>03/14/2008</u>		Squeeze: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>2300</u>					
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: <u>ANGELA J. NEIFERT-KRAISER</u>					
Title: <u>PERMITTING</u>		Date: <u>3/24/2011</u> Email <u>ANGELA.NEIFERT-KRAISER@WILLIAMS.CO</u>					

Attachment Check List

Att Doc Num	Name
2111339	WELLBORE DIAGRAM
2121073	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Contacted operator to submit electronic copies of logs	4/25/2011 2:46:11 PM

Total: 1 comment(s)