

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

1638062

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 96850 4. Contact Name: LISA DEE
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 2604538
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 6298285
City: DENVER State: CO Zip: 80202

5. API Number 05-103-11153-00 6. County: RIO BLANCO
7. Well Name: FEDERAL RGU Well Number: 33-6-297
8. Location: QtrQtr: NESW Section: 6 Township: 2S Range: 97W Meridian: 6
Footage at surface: Distance: 2409 feet Direction: FSL Distance: 2218 feet Direction: FWL
As Drilled Latitude: 39.904720 As Drilled Longitude: -108.325392

GPS Data:

Data of Measurement: 05/23/2005 PDOP Reading: 3.7 GPS Instrument Operator's Name: MARK BESSIE

** If directional footage

at Top of Prod. Zone Distance: 2407 feet Direction: FSL Distance: 2375 feet Direction: FWL
Sec: 6 Twp: 2S Rng: 97W
at Bottom Hole Distance: 2407 feet Direction: FSL Distance: 2375 feet Direction: FWL
Sec: 6 Twp: 2S Rng: 97W

9. Field Name: SULPHUR CREEK 10. Field Number: 80090
11. Federal, Indian or State Lease Number: COC62046

12. Spud Date: (when the 1st bit hit the dirt) 03/07/2008 13. Date TD: 05/11/2008 14. Date Casing Set or D&A: 05/23/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 1390 TVD 1372 17 Plug Back Total Depth MD 0 TVD 018. Elevations GR 6223 KB 6245

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	24	18	48	80	135	0	80	VISU

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE = 0#

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

Signed: _____ Print Name: LISA DEE

Title: REGULATORY SPECIALIST Date: 9/19/2008 Email: LISA.DEE@WILLIAMS.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Nash Director of COGCC Date: 12/22/2010

Attachment Check List

Att Doc Num	Name
1638062	FORM 5 SUBMITTED
1638063	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)