

FORM  
5  
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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DRILLING COMPLETION REPORT

Document Number:

1687967

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: ANGELA NEIFERT  
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 606-4398  
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8285  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18070-00 6. County: GARFIELD  
7. Well Name: JOLLEY Well Number: KP 314-9  
8. Location: QtrQtr: NWNW Section: 16 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 643 feet Direction: FNL Distance: 684 feet Direction: FWL  
As Drilled Latitude: 39.533478 As Drilled Longitude: -107.566862

GPS Data:

Data of Measurement: 12/16/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage

at Top of Prod. Zone Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Distance: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
at Bottom Hole Distance: 786 feet Direction: FSL Distance: 647 feet Direction: FWL  
Sec: 9 Twp: 6S Rng: 91W

9. Field Name: KOKOPELLI 10. Field Number: 47525

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 01/05/2010 13. Date TD: 01/31/2010 14. Date Casing Set or D&A: 02/01/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7410 TVD 7185 17 Plug Back Total Depth MD \_\_\_\_\_ TVD \_\_\_\_\_

18. Elevations GR 6636 KB 6660

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:

CBL, IND-DEN-NEUTRON, MUD LOG, DIFF TEMP LOG

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		117	44	0	117	CALC
SURF	13+1/2	9+5/8		1,168	520	0	1,168	CALC
1ST	+7/8	4+1/2		7,389	1,095	3,670	7,389	CBL

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	
MESAVERDE	3,453		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
CAMEO	6,934		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,213		<input type="checkbox"/>	<input type="checkbox"/>	WAITING ON COMPLETION

Comment:

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

Signed: Y \_\_\_\_\_ Print Name: ANGELA NEIFERT

Title: PERMIT TECHNICIAN Date: 3/22/2010 Email: ANGELA.NEIFERT@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. Neslin* Director of COGCC Date: 1/10/2011

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)