

**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



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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.

Document Number:

1687967

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 ☐ Observation16. Total Depth MD 7410 TVD 7185 17 Plug Back Total Depth MD 7358 TVD 703318. 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

| | | |
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Total: 0 comment(s)