

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

2611155

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: SANDRA SALAZAR
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 629-8456
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8272
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18198-00 6. County: GARFIELD
7. Well Name: BATTLEMENT MESA Well Number: PA 334-5
8. Location: QtrQtr: NWSE Section: 5 Township: 7S Range: 95W Meridian: 6
Footage at surface: Distance: 1770 feet Direction: FSL Distance: 2272 feet Direction: FEL
As Drilled Latitude: 39.464394 As Drilled Longitude: -108.020072

GPS Data:

Data of Measurement: 06/10/2009 PDOP Reading: 2.6 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

** If directional footage

at Top of Prod. Zone Distance: 727 feet Direction: FSL Distance: 1948 feet Direction: FEL
Sec: 5 Twp: 7S Rng: 95W
at Bottom Hole Distance: 714 feet Direction: FSL Distance: 1949 feet Direction: FEL
Sec: 5 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 11/21/2009 13. Date TD: 11/25/2009 14. Date Casing Set or D&A: 11/26/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6580 TVD 6411 17 Plug Back Total Depth MD 6526 TVD 6357

18. Elevations GR 5104 KB 5130

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:

MUD LOG, RESERVOIR MONITOR TOOL ELITE, CEMENT BOND LOG

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	18		0	65	24	0	65	CALC
SURF	13+1/2	9+5/8		0	1,206	320	0	1,206	CALC
1ST	7+7/8	4+1/2		0	6,561	845	2,450	2,550	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	
WASATCH G	1,228		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	3,428		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,834		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,449		<input type="checkbox"/>	<input type="checkbox"/>	

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: SANDRA SALAZAR

Title: PERMIT TECH Date: 3/26/2010 Email: SANDRA.SALAZAR@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. Neshin* Director of COGCC Date: 2/16/2011

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)