

**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:

2611158

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: SANDRA SALAZAR
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 572-3900
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8265
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18196-00 6. County: GARFIELD
7. Well Name: BATTLEMENT MESA Well Number: PA 414-5
8. Location: QtrQtr: NWSE Section: 5 Township: 7S Range: 95W Meridian: 6
Footage at surface: Distance: 1784 feet Direction: FSL Distance: 2299 feet Direction: FEL
As Drilled Latitude: 39.464433 As Drilled Longitude: -108.020172

GPS Data:

Data of Measurement: 06/10/2009 PDOP Reading: 2.7 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

** If directional footage

at Top of Prod. Zone Distance: 592 feet Direction: FSL Distance: 692 feet Direction: FWL
Sec: 5 Twp: 7S Rng: 95W
at Bottom Hole Distance: 595 feet Direction: FSL Distance: 695 feet Direction: FWL
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) 10/26/2009 13. Date TD: 10/31/2009 14. Date Casing Set or D&A: 11/01/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7250 TVD 6396 17 Plug Back Total Depth MD 6342 TVD 548818. 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:

CBL, RESERVOIR MONITOR TOOL ELITE, MUD 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	1,582	395	0	1,582	CALC
1ST	7+7/8	4+1/2		0	7,231	831	2,370	7,231	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	1,233		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	4,027		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,564		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,141		<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. Nash 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)