

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:

1667189

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 LLC Phone: (303) 606-4398  
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: (303) 629-8285  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-17920-00 6. County: GARFIELD  
7. Well Name: JOLLEY Well Number: 21-210D  
8. Location: QtrQtr: NWSE Section: 21 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 1517 feet Direction: FSL Distance: 2124 feet Direction: FEL  
As Drilled Latitude: 39.510515 As Drilled Longitude: -107.557456

GPS Data:

Data of Measurement: 10/01/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage

at Top of Prod. Zone Distance: 2122 feet Direction: FSL Distance: 1995 feet Direction: FWL  
Sec: 21 Twp: 6S Rng: 91W  
at Bottom Hole Distance: 2136 feet Direction: FSL Distance: 1996 feet Direction: FWL  
Sec: 21 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) 01/21/2009 13. Date TD: 01/29/2009 14. Date Casing Set or D&A: 02/01/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8400 TVD 8205 17 Plug Back Total Depth MD 8324 TVD 8129

18. Elevations GR 6974 KB 6997

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

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	60	25	0	60	
SURF	13+1/2	8+5/8		0	1,015	300	0	1,015	
1ST	7+7/8	4+1/2		0	8,365	654	3,150	8,365	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	4,377		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,770		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,026		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

DOCUMENT#1667189 - (PRELIMINARY)

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: 2/1/2010 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: 2/16/2011

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date
Permit	paper and digital logs received, cement summary and directional survey received. dhs	12/27/2010 9:27:28 AM

Total: 1 comment(s)