

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:

2512591

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 05-045-18064-00 6. County: GARFIELD
7. Well Name: JOLLEY Well Number: KP 11-16
8. Location: QtrQtr: NWNW Section: 16 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 627 feet Direction: FNL Distance: 668 feet Direction: FWL
As Drilled Latitude: 39.533450 As Drilled Longitude: -107.566812

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: 167 feet Direction: FNL Distance: 631 feet Direction: FWL
Sec: 16 Twp: 6S Rng: 91W
at Bottom Hole Distance: 149 feet Direction: FNL Distance: 630 feet Direction: FWL
Sec: 16 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) 01/07/2010 13. Date TD: 01/22/2010 14. Date Casing Set or D&A: 01/23/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7288 TVD 7247 17 Plug Back Total Depth MD 7239 TVD 7192

18. Elevations GR 6636 KB 6659

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; HIGH RESOLUTION INDUCTION, SPECTRAL DENSITY, DUAL SPACED NEUTRON

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	120	45	0	120	VISU
SURF	13+1/2	9+5/8		0	1,153	420	0	1,153	VISU
1ST	7+7/8	4+1/2		0	7,268	1,080	2,340	7,268	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	3,397		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,902		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,272		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE = 0#

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

Signed: _____

Print Name: ANGELA NEIFERT

Title: PERMIT TECHNICIAN

Date: 7/30/2010

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: 2/18/2011

Attachment Check List

Att Doc Num	Name
2512591	FORM 5 SUBMITTED
2512592	DIRECTIONAL SURVEY
2512593	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)