

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:

2556884

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: ANNIE SMITH
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: _____
3. Address: 1515 ARAPAHOE ST STE 1000 Fax: _____
City: DENVER State: CO Zip: 80202

5. API Number 05-103-11615-00 6. County: RIO BLANCO
7. Well Name: FEDERAL RGU Well Number: 423-24-198
8. Location: QtrQtr: NWSW Section: 24 Township: 1S Range: 98W Meridian: 6
Footage at surface: Distance: 1725 feet Direction: FSL Distance: 1094 feet Direction: FWL
As Drilled Latitude: 39.946501 As Drilled Longitude: -108.347489

GPS Data:

Data of Measurement: 02/02/2010 PDOP Reading: 1.5 GPS Instrument Operator's Name: JOHN RICHARDSON

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: 1767 feet Direction: FSL Distance: 1899 feet Direction: FWL
Sec: 24 Twp: 1S Rng: 98W

9. Field Name: SULPHUR CREEK 10. Field Number: 80090
11. Federal, Indian or State Lease Number: COC060733

12. Spud Date: (when the 1st bit hit the dirt) 05/07/2010 13. Date TD: 06/07/2010 14. Date Casing Set or D&A: 06/08/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12810 TVD 12763 17 Plug Back Total Depth MD 12810 TVD 12763

18. Elevations GR 6538 KB 6566

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 W/ CCL/GR, MUD

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		48	80	135	0	80	VISU
SURF	14+3/4	9+5/8		0	3,871	2,075	0	3,871	VISU
1ST	7+7/8	4+1/2		0	12,797	1,565		12,797	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE = 0#
LOGS WILL BE SUBMITTED TO THE COGCC BY THE SERVICE COMPANY UPON PAD DRILLOUT.
WILLIAMS WILL UPLOAD DIGITAL LOGS TO THE COGCC WEBSITE.

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

Signed: _____ Print Name: ANNIE SMITH

Title: ENG. TECH. Date: 7/9/2010 Email: ANNIE.SMITH@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2556884	FORM 5 SUBMITTED
2556885	DIRECTIONAL SURVEY
2556886	CEMENT JOB SUMMARY
2556887	PLAT

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)