

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:

2512586

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 05-045-18068-00 6. County: GARFIELD  
7. Well Name: JOLLEY Well Number: KP 321-16  
8. Location: QtrQtr: NWNW Section: 16 Township: 6S Range: 91W Meridian: 6  
Footage at surface: Distance: 699 feet Direction: FNL Distance: 704 feet Direction: FWL  
As Drilled Latitude: 39.533333 As Drilled Longitude: -107.566757

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 Dist.: 529 feet. Direction: FNL Dist.: 1911 feet. Direction: FWL  
Sec: 16 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 515 feet. Direction: FNL Dist.: 1961 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) 01/10/2010 13. Date TD: 01/17/2010 14. Date Casing Set or D&A: 01/18/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7405 TVD\*\* 7233 17 Plug Back Total Depth MD 7167 TVD\*\* 6995

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	94	36	0	94	VISU
SURF	13+1/2	9+5/8		0	1,144	420	0	1,144	VISU
1ST	7+7/8	4+1/2		0	7,395	1,130	3,750	7,395	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	3,484		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,974		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,237		<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

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2512588	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2512587	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2512586	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2512587	DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2512588	CEMENT JOB SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	(Use directional survey contained in Document Images.) dhs	1/10/2011 2:19:20 PM

Total: 1 comment(s)