


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 2591184	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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: 1001 17TH STREET - SUITE #1200		Fax: (303) 629-8285					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-045-07422-00		6. County: GARFIELD					
7. Well Name: JOLLEY		Well Number: 16-12					
8. Location: QtrQtr: NWSW Section: 16 Township: 6S Range: 91W Meridian: 6							
Footage at surface: Distance: 2144 feet Direction: FSL Distance: 682 feet Direction: FWL							
As Drilled Latitude: 39.526652 As Drilled Longitude: -107.566466							
GPS Data:							
Data of Measurement: 10/01/2009 PDOP Reading: 1.6 GPS Instrument Operator's Name: JACK KIRKPATRICK							
** If directional footage at Top of Prod. Zone Dist.: 2263 feet. Direction: FSL Dist.: 674 feet. Direction: FWL							
Sec: 16 Twp: 6S Rng: 91W							
** If directional footage at Bottom Hole Dist.: 2375 feet. Direction: FSL Dist.: 692 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) 01/21/2000 13. Date TD: 02/03/2000 14. Date Casing Set or D&A: 09/22/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD 6605 TVD** 6598		17 Plug Back Total Depth MD 6557 TVD** 6551					
18. Elevations GR 6690 KB 6706		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:							
DENSITY - NEUTRON - GAMMA-RAY-DUAL UNDUCTION NOT VALID BELOW 3900'							

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	857	475	0	857	VISU
1ST	7+7/8	4+1/2		0	6,605	1,850	800	6,605	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	
WILLIAMS FORK	3,700	6,173	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK COAL	6,173		<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: _____ Print Name: ANGELA NEIFERT

Title: PERMIT TECHNICIAN Date: 11/10/2010 Email: ANGELA.NEIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
2591184	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2591185	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected pbttd and pbtvd to match original Form 5 submission	3/25/2011 1:07:04 PM

Total: 1 comment(s)