


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: <div style="border: 1px solid black; padding: 5px; text-align: center;">2071780</div>	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) 6064398					
3. Address: 1001 17TH STREET - SUITE #1200		Fax: (303) 6298285					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-045-15976-00		6. County: GARFIELD					
7. Well Name: FEDERAL		Well Number: SG 42-26					
8. Location: QtrQtr: NENE Section: 26 Township: 7S Range: 96W Meridian: 6							
Footage at surface: Distance: 1151 feet Direction: FNL Distance: 623 feet Direction: FEL							
As Drilled Latitude: 39.412375 As Drilled Longitude: -108.069525							
GPS Data: Date of Measurement: 06/02/2009 PDOP Reading: 2.1 GPS Instrument Operator's Name: TIM BARNETT							
** If directional footage at Top of Prod. Zone		Dist.: 1414 feet. Direction: FNL Dist.: 659 feet. Direction: FEL					
Sec: 26 Twp: 7S Rng: 96W							
** If directional footage at Bottom Hole		Dist.: 1416 feet. Direction: FNL Dist.: 666 feet. Direction: FEL					
Sec: 26 Twp: 7S Rng: 96W							
9. Field Name: GRAND VALLEY		10. Field Number: 31290					
11. Federal, Indian or State Lease Number: COC59137							
12. Spud Date: (when the 1st bit hit the dirt) 08/09/2009 13. Date TD: 08/12/2009 14. Date Casing Set or D&A: 08/13/2009							
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 5550 TVD** 5536		17 Plug Back Total Depth MD 5490 TVD** 5470					
18. Elevations GR 5243 KB 5266		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 TOOL ELITE							

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
CONDUCTOR	24	18		0	60	23	0	60	VISU
SURF	13+1/2	9+5/8		0	704	225	0	704	VISU
1ST	7+7/8	4+1/2		0	5,527	881	2,988	5,527	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	
J SAND	889		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	2,577		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	4,860		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,366		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE =0

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: 9/10/2010

Email: ANGELA.NEIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2071783	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2071781	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>			
2071780	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2071782	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)