

<b>FORM</b> <b>5</b> Rev 02/08	State of Colorado <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
<b>DRILLING COMPLETION REPORT</b>			Document Number:  2590757
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 type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion			
1. OGCC Operator Number: <u>96850</u>		4. Contact Name: <u>ANGELA NEIFERT</u>	
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>		Phone: <u>(303) 606-4398</u>	
3. Address: <u>1001 17TH STREET - SUITE #1200</u>		Fax: <u>(303) 629-8285</u>	
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>	
5. API Number <u>05-045-19447-00</u>		6. County: <u>GARFIELD</u>	
7. Well Name: <u>Federal</u>		Well Number: <u>KP 344-18</u>	
8. Location:    QtrQtr: <u>SWSE</u> Section: <u>18</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>			
Footage at surface:    Distance: <u>723</u> feet    Direction: <u>FSL</u> Distance: <u>1948</u> feet    Direction: <u>FEL</u>			
As Drilled Latitude: <u>39.522233</u> As Drilled Longitude: <u>-107.594676</u>			
GPS Data: Date of Measurement: <u>08/12/2010</u> PDOP Reading: <u>2.3</u> GPS Instrument Operator's Name: <u>JACK KIRKPATRICK</u>			
** If directional footage at Top of Prod. Zone    Dist.:    _____    feet. Direction: <u>FSL</u> Dist.:    _____    feet. Direction: <u>FEL</u>			
Sec: <u>18</u> Twp: <u>6S</u> Rng: <u>91W</u>			
** If directional footage at Bottom Hole    Dist.: <u>946</u> feet. Direction: <u>FSL</u> Dist.: <u>659</u> feet. Direction: <u>FEL</u>			
Sec: <u>18</u> Twp: <u>6S</u> Rng: <u>91W</u>			
9. Field Name: <u>KOKOPELLI</u>		10. Field Number: <u>47525</u>	
11. Federal, Indian or State Lease Number: <u>COC51146</u>			
12. Spud Date: (when the 1st bit hit the dirt) <u>09/23/2010</u> 13. Date TD: <u>09/29/2010</u> 14. Date Casing Set or D&A: <u>10/01/2010</u>			
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 <u>7212</u> TVD** <u>7016</u>		17 Plug Back Total Depth    MD    _____    TVD**    _____	
18. Elevations    GR <u>5918</u> KB <u>5941</u>		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: _____ _____			
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	90	34		90	VISU
SURF	13+1/2	9+5/8		0	1,162	340		1,162	VISU
1ST	7+7/8	4+1/2		0	7,189	1,155	2,180	7,189	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	3,420		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,802		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,106		<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: 10/12/2010 Email: ANGELA.NEIFERT@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2590759	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2590758	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>			
2590757	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2590760	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)