


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		DE ET OE ES
DRILLING COMPLETION REPORT			Document Number: 2591115
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>05-045-18164-00</u>		6. County: <u>GARFIELD</u>	
7. Well Name: <u>FEDERAL</u>		Well Number: <u>PA 544-17</u>	
8. Location: QtrQtr: <u>NENE</u> Section: <u>20</u> Township: <u>6S</u> Range: <u>95W</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>1262</u> feet Direction: <u>FNL</u> Distance: <u>834</u> feet Direction: <u>FEL</u>			
As Drilled Latitude: <u>39.514195</u> As Drilled Longitude: <u>-108.016050</u>			
GPS Data: Data of Measurement: <u>02/16/2010</u> PDOP Reading: <u>2.5</u> GPS Instrument Operator's Name: <u>JACK PATRICK</u>			
** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____ Sec: _____ Twp: _____ Rng: _____			
** If directional footage at Bottom Hole Dist.: <u>1069</u> feet. Direction: <u>FSL</u> Dist.: <u>882</u> feet. Direction: <u>FEL</u> Sec: <u>17</u> Twp: <u>6S</u> Rng: <u>95W</u>			
9. Field Name: <u>PARACHUTE</u>		10. Field Number: <u>67350</u>	
11. Federal, Indian or State Lease Number: <u>COC62163</u>			
12. Spud Date: (when the 1st bit hit the dirt) <u>07/06/2010</u> 13. Date TD: <u>07/17/2010</u> 14. Date Casing Set or D&A: <u>07/18/2010</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>9593</u> TVD** <u>9158</u>		17 Plug Back Total Depth MD _____ TVD** _____	
18. Elevations GR <u>6426</u> KB <u>6452</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: <u>CBL AND RESEVOIR PERFORMANCE MONITOR (RPM)</u>			
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	43	15	0	43	VISU
SURF	13+1/2	9+5/8		0	1,046	305	0	1,046	VISU
1ST	7+7/8	4+1/2		0	9,578	1,185	7,700	9,578	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	
GREELEY SAND	3,488		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	5,961		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,659		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,468		<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 J NEIFERT

Title: PERMIT TECHNICIAN Date: 10/27/2010 Email: ANGELA.NIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2591117	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2591116	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>			
2591115	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2591118	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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General Comments

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

Total: 0 comment(s)