

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: 2591119	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 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) 609-4398</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>05-045-18295-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>Mahaffey</u>		Well Number: <u>PA 543-25</u>					
8. Location: QtrQtr: <u>SESW</u> Section: <u>25</u> Township: <u>6S</u> Range: <u>95W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>721</u> feet Direction: <u>FSL</u> Distance: <u>2361</u> feet Direction: <u>FWL</u>							
As Drilled Latitude: <u>39.490582</u> As Drilled Longitude: <u>-107.947955</u>							
GPS Data: Date of Measurement: <u>10/07/2009</u> PDOP Reading: <u>1.6</u> GPS Instrument Operator's Name: <u>WAYNE KIRKPATRICK</u>							
** If directional footage at Top of Prod. Zone Dist.: <u>2411</u> feet. Direction: <u>FSL</u> Dist.: <u>809</u> feet. Direction: <u>FEL</u>							
Sec: <u>25</u> Twp: <u>6S</u> Rng: <u>95W</u>							
** If directional footage at Bottom Hole Dist.: <u>2422</u> feet. Direction: <u>FSL</u> Dist.: <u>780</u> feet. Direction: <u>FEL</u>							
Sec: <u>25</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: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>07/15/2010</u> 13. Date TD: <u>07/22/2010</u> 14. Date Casing Set or D&A: <u>07/23/2010</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>8519</u> TVD** <u>7807</u>		17 Plug Back Total Depth MD <u>8428</u> TVD** <u>0</u>					
18. Elevations GR <u>5176</u> KB <u>5202</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; RESEVOIR MONITOR TOOL ELITE</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	100	28	0	100	VISU
SURF	13+1/2	9+5/8		0	1,296	335	0	1,296	VISU
1ST	7+7/8	4+1/2		0	8,507	1,275	1,200	8,507	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	2,110		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	4,908		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,437		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,400		<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: 10/13/2010 Email: ANGELA.NEIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2591121	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2591120	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>			
2591119	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2591122	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

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

Total: 0 comment(s)