


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: 96850		4. Contact Name: ANGELA NEIFERT					
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC		Phone: (303) 609-4398					
3. Address: 1001 17TH STREET - SUITE #1200		Fax: (303) 629-8285					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-045-18295-00		6. County: GARFIELD					
7. Well Name: Mahaffey		Well Number: PA 543-25					
8. Location: QtrQtr: SESW Section: 25 Township: 6S Range: 95W Meridian: 6							
Footage at surface: Distance: 721 feet Direction: FSL		Distance: 2361 feet Direction: FWL					
As Drilled Latitude: 39.490582		As Drilled Longitude: -107.947955					
GPS Data:							
Data of Measurement: 10/07/2009 PDOP Reading: 1.6 GPS Instrument Operator's Name: WAYNE KIRKPATRICK							
** If directional footage at Top of Prod. Zone		Dist.: 2411 feet. Direction: FSL Dist.: 809 feet. Direction: FEL					
Sec: 25		Twp: 6S Rng: 95W					
** If directional footage at Bottom Hole		Dist.: 2422 feet. Direction: FSL Dist.: 780 feet. Direction: FEL					
Sec: 25		Twp: 6S Rng: 95W					
9. Field Name: PARACHUTE		10. Field Number: 67350					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt) 07/15/2010 13. Date TD: 07/22/2010 14. Date Casing Set or D&A: 07/23/2010							
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 8519 TVD** 7807		17 Plug Back Total Depth MD 8428 TVD** 0					
18. Elevations GR 5176 KB 5202		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; RESEVOIR MONITOR 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	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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)