

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



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Document Number:

2592951

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 Final completion Preliminary completion

1. OGCC Operator Number: 96850 4. Contact Name: ANGELA NEIFERT
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 606-4398
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-17265-00 6. County: GARFIELD
 7. Well Name: JOLLEY Well Number: 17-25D
 8. Location: QtrQtr: SENW Section: 17 Township: 6S Range: 91W Meridian: 6
 Footage at surface: Distance: 1942 feet Direction: FNL Distance: 1971 feet Direction: FWL
 As Drilled Latitude: 39.529653 As Drilled Longitude: -107.580915

GPS Data:

Data of Measurement: 10/05/2009 PDOP Reading: 2.1 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1444 feet. Direction: FNL Dist.: 1978 feet. Direction: FWL
 Sec: 17 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 1423 feet. Direction: FNL Dist.: 2008 feet. Direction: FWL
 Sec: 17 Twp: 6S Rng: 91W

9. Field Name: KOKOPELLI 10. Field Number: 47525

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/09/2008 13. Date TD: 11/04/2008 14. Date Casing Set or D&A: 11/07/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7935 TVD** 7898 17 Plug Back Total Depth MD 7935 TVD** 7898

18. Elevations GR 6193 KB 6210

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:

PLATFORM EXPRESS - ARRAY INDUCTION - DENSITY - NEUTRON - GAMMA-RAY

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	25	0	90	VISU
SURF	13+1/2	8+5/8		0	1,035	711	0	1,035	VISU
1ST	7+7/8	4+1/2		0	7,935	1,200	3,840	7,935	CALC

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	3,274		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,659		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,918		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	7,511		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	7,716		<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: 1/11/2011 Email: ANGELA.NEIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2592952	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>			
2592950	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2592953	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>
Engineer	Preliminary Form 5, no CBL yet, document in Doc Images marked as PDF CBL is not the CBL, but a cement Volume, Caliper LOB, Gamma Ray log.	6/16/2011 12:14:13 PM
Permit	INDUCTION LOG DOC# 1799593, REQ TO INDEX TO WELLFILE.	5/10/2011 12:00:05 PM

Total: 2 comment(s)