

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:

2517358

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: JENN MENDOZA
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 260-4533
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

5. API Number 05-103-11488-00 6. County: RIO BLANCO
 7. Well Name: Federal RGU Well Number: 322-6-297
 8. Location: QtrQtr: NESW Section: 6 Township: 2s Range: 97w Meridian: 6
 Footage at surface: Distance: 2453 feet Direction: FSL Distance: 2193 feet Direction: FWL
 As Drilled Latitude: 39.904843 As Drilled Longitude: -108.325474

GPS Data:

Data of Measurement: 02/08/2010 PDOP Reading: 1.6 GPS Instrument Operator's Name: JAMES SEAL

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: 1854 feet. Direction: FNL Dist.: 1959 feet. Direction: FWL

Sec: 6 Twp: 2S Rng: 97W

9. Field Name: SULPHUR CREEK 10. Field Number: 80090

11. Federal, Indian or State Lease Number: COC062046

12. Spud Date: (when the 1st bit hit the dirt) 10/04/2010 13. Date TD: 10/18/2010 14. Date Casing Set or D&A: 10/21/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12174 TVD** 12097 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 6220 KB 6248

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; CBL AND RPM.

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		48	80	135	0	80	CALC
SURF	14+3/4	9+5/8		0	3,120	1,568	0	3,120	CALC
1ST	7+7/8	4+1/2		0	12,165	1,500	2,050	12,165	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	7,127		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	10,520		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,932		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,088		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,309		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	11,917		<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: JENN MENDOZA

Title: PERMIT TECH Date: 2/3/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2517361	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2517360	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>			
2517358	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>
Data Entry	FORMATION LOG INTERVALS COMMENTS: SURFACE PRESSURE = 0#. LOGS WILL BE SUBMITTED TO THE COGCC BY THE SERVICE COMPANY UPON PAD DRILLOUT. WILLIAMS WILL UPLOAD DIGITALS LOGS TO THE COGCC WEBSITE. WAITING ON COMPLETIONS. WAITING ON COMPLETIONS.	3/22/2011 3:23:35 PM

Total: 1 comment(s)