

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: 2071792	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) 6064398</u>					
3. Address: <u>1001 17TH STREET - SUITE #1200</u>		Fax: <u>(303) 6298285</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-045-19446-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>Federal</u>		Well Number: <u>KP 544-18</u>					
8. Location: QtrQtr: <u>SWSE</u> Section: <u>18</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>696</u> feet Direction: <u>FSL</u>		Distance: <u>1936</u> feet Direction: <u>FEL</u>					
As Drilled Latitude: <u>39.522160</u>		As Drilled Longitude: <u>-107.594631</u>					
GPS Data: Data of Measurement: <u>08/12/2010</u> PDOP Reading: <u>2.4</u> GPS Instrument Operator's Name: <u>JACK KIRKPATRICK</u>							
** If directional footage at Top of Prod. Zone		Dist.: _____ feet. Direction: <u>FSL</u> Dist.: _____ feet. Direction: <u>FEL</u>					
Sec: <u>18</u> Twp: <u>6S</u> Rng: <u>91W</u>							
** If directional footage at Bottom Hole		Dist.: <u>178</u> feet. Direction: <u>FSL</u> Dist.: <u>632</u> feet. Direction: <u>FEL</u>					
Sec: <u>18</u> Twp: <u>6S</u> Rng: <u>91W</u>							
9. Field Name: <u>KOKOPELLI</u>		10. Field Number: <u>47525</u>					
11. Federal, Indian or State Lease Number: <u>COC51146</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>09/14/2010</u>		13. Date TD: <u>09/21/2010</u>					
14. Date Casing Set or D&A: <u>09/22/2010</u>							
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input 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>7088</u> TVD** _____		17 Plug Back Total Depth MD _____ TVD** _____					
18. Elevations GR <u>5918</u> KB <u>5941</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>NO LOGS</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	90	34	0	90	VISU
SURF	13+1/2	9+5/8		0	1,134	340	0	1,134	VISU
1ST	7+7/8	4+1/2		0	7,288	1,155	2,200	7,288	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	3,487		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,837		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,150		<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 NEIFERT

Title: PERMIT TECHNICIAN Date: 9/27/2010 Email: ANGELA.NEIFERT.WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2072274	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2071793	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>			
2071792	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2071794	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>
Permit	REC CEMENT TKTS	4/15/2011 8:36:17 AM
Permit	req cmt tkts	4/14/2011 2:22:38 PM

Total: 2 comment(s)