

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:

2590900

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: SANDRA SALAZAR
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 629-8456
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-18416-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: PA444-21
 8. Location: QtrQtr: SWNE Section: 28 Township: 6S Range: 95W Meridian: 6
 Footage at surface: Distance: 1916 feet Direction: FNL Distance: 1742 feet Direction: FEL
 As Drilled Latitude: 39.497291 As Drilled Longitude: -108.000008

GPS Data:

Data of Measurement: 09/19/2009 PDOP Reading: 2.8 GPS Instrument Operator's Name: JAK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 481 feet. Direction: FSL Dist.: 480 feet. Direction: FEL
 Sec: 21 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 527 feet. Direction: FSL Dist.: 215 feet. Direction: FEL
 Sec: 21 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC62161

12. Spud Date: (when the 1st bit hit the dirt) 12/14/2009 13. Date TD: 12/22/2009 14. Date Casing Set or D&A: 12/23/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8850 TVD** 8188 17 Plug Back Total Depth MD 8796 TVD** 8134

18. Elevations GR 5560 KB 5584

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:

BCL, 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		0	40	15	0	40	VISU
SURF	13+1/2	9+5/8		0	2,644	610	0	2,644	VISU
1ST	7+7/8	4+1/2		0	8,834	1,000	3,920	8,834	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	2,376		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	5,039		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	7,883		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,730		<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: SANDRA SALAZAR

Title: PERMIT TECHNICIAN Date: 9/30/2010 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2590902	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2590901	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>			
2590900	FORM 5 SUBMITTED	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 RPM LOG doc#1800169	5/5/2011 10:15:52 AM
Permit	REQ HARD COPY RPM LOG	4/27/2011 12:29:43 PM
Data Entry	FOOTAGE AT SURFACE ON FORM IS 1895 FNL 1762 FEL	2/16/2011 10:16:06 AM

Total: 3 comment(s)