

**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:  
  
2512407

**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: 10286 4. Contact Name: ANNIE SMITH  
 2. Name of Operator: WILLIAMS PRODUCTION RYAN GULCH LLC Phone: (303) 6064363  
 3. Address: 1515 ARAPAHOE ST TWR 3 STE 1000 Fax: (303) 6298585  
 City: DENVER State: CO Zip: 80202

5. API Number 05-103-11518-00 6. County: RIO BLANCO  
 7. Well Name: FEDERFAL RG Well Number: 531-16-397  
 8. Location: QtrQtr: NWNE Section: 16 Township: 3S Range: 97W Meridian: 6  
 Footage at surface: Distance: 1276 feet Direction: FNL Distance: 1467 feet Direction: FEL  
 As Drilled Latitude: 39.792908 As Drilled Longitude: -108.280582

GPS Data:  
 Data of Measurement: 02/04/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: RICHARD BULLEN

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: 16 Twp: 3S Rng: 97W  
 \*\* If directional footage at Bottom Hole Dist.: 1333 feet. Direction: FNL Dist.: 2028 feet. Direction: FWL  
 Sec: 16 Twp: 3S Rng: 97W

9. Field Name: SULPHUR CREEK 10. Field Number: 80090  
 11. Federal, Indian or State Lease Number: COC008313

12. Spud Date: (when the 1st bit hit the dirt) 07/08/2010 13. Date TD: 06/23/2010 14. Date Casing Set or D&A: 07/25/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12323 TVD\*\* 12295 17 Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_

18. Elevations GR 6945 KB 6973 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, 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	VISU
SURF	14+3/4	9+5/8		0	3,420	1,682	0	3,450	VISU
1ST	7+7/8	4+1/2		0	12,313	1,700	0	12,313	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE =0#  
LOGS WILL BE SUBMITTED TO THE COGCC BY THE SERVICE COMPANY UPON PAD DRILLOUT.  
WILLIAMS WILL UPLOAD DIGITAL LOGS TO THE COGCC WEBSITE.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: ANNIE SMITH

Title: ENG. TECH Date: 8/12/2010 Email: ANNIE.SMITH@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2512409	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2512410	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>			
2512407	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2512408	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2512411	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	verified with AS@Williams that this is a Prelim 5	4/11/2011 8:42:35 AM
Permit	REQ DIGITAL LOGS, PBTB MD and Top of Prod zone	4/8/2011 9:11:13 AM

Total: 2 comment(s)