


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: <div style="border: 1px solid black; padding: 5px; text-align: center;">2512407</div>	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: 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:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" 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 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"/>

General Comments

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

Total: 2 comment(s)