


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: 2592915	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 checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: 96850		4. Contact Name: ANGELA NEIFERT					
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC		Phone: (303) 606-4398					
3. Address: 1001 17TH STREET - SUITE #1200		Fax: (303) 629-8285					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-045-18411-00		6. County: GARFIELD					
7. Well Name: FEDERAL		Well Number: PA 442-28					
8. Location: QtrQtr: SWNE Section: 28 Township: 6S Range: 95W Meridian: 6							
Footage at surface: Distance: 1903 feet Direction: FNL Distance: 1741 feet Direction: FEL							
As Drilled Latitude: 39.497269	As Drilled Longitude: -107.999933						
GPS Data:							
Data of Measurement: 09/09/2009 PDOP Reading: 2.8 GPS Instrument Operator's Name: JACK KIRKPATRICK							
** If directional footage at Top of Prod. Zone Dist.: 1687 feet. Direction: FNL Dist.: 662 feet. Direction: FEL							
Sec: 28 Twp: 6S Rng: 95W							
** If directional footage at Bottom Hole Dist.: 1707 feet. Direction: FNL Dist.: 663 feet. Direction: FEL							
Sec: 28 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) 01/23/2010 13. Date TD: 01/29/2010 14. Date Casing Set or D&A: 01/30/2010							
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 7985 TVD** 7866		17 Plug Back Total Depth MD 7935 TVD** 7816					
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:							
CBL; RESEVOIR MONITOR TOOL ELITE, MUD							

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	60	23	0	60	VISU
SURF	13+1/2	9+5/8		0	2,401	570	0	2,401	VISU
1ST	7+7/8	4+1/2		0	7,962	915	3,064	7,962	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	2,121		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,370		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,173		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,947		<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 J NEIFERT

Title: PERMIT TECHNICIAN Date: 1/5/2011 Email: ANGELA.NEIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2592917	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2592916	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>					
2592915	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	ALL LOGS SUBMITTED WITH PREVIOUS FORM 5 5/5/2010	6/23/2011 3:33:04 PM
Permit	REQ HARD COPY RMTE	6/22/2011 12:08:37 PM

Total: 2 comment(s)