

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		DE ET OE ES
DRILLING COMPLETION REPORT			Document Number: 2517370
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>JENN MENDOZA</u>	
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>		Phone: <u>(303) 260-4533</u>	
3. Address: <u>1001 17TH STREET - SUITE #1200</u>		Fax: <u>(303) 629-8285</u>	
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>	
5. API Number <u>05-103-11486-00</u>		6. County: <u>RIO BLANCO</u>	
7. Well Name: <u>Federal RGU</u>		Well Number: <u>413-6-297</u>	
8. Location: QtrQtr: <u>NESW</u> Section: <u>6</u> Township: <u>2s</u> Range: <u>97w</u> Meridian: <u>6</u>			
Footage at surface: Distance: <u>2416</u> feet Direction: <u>FSL</u> Distance: <u>2195</u> feet Direction: <u>FWL</u>			
As Drilled Latitude: <u>39.904740</u> As Drilled Longitude: <u>-108.325478</u>			
GPS Data: Data of Measurement: <u>02/08/2010</u> PDOP Reading: <u>1.6</u> GPS Instrument Operator's Name: <u>JAMES SEAL</u>			
** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____ Sec: _____ Twp: _____ Rng: _____			
** If directional footage at Bottom Hole Dist.: <u>2122</u> feet. Direction: <u>FSL</u> Dist.: <u>649</u> feet. Direction: <u>FWL</u> Sec: <u>6</u> Twp: <u>2S</u> Rng: <u>97W</u>			
9. Field Name: <u>SULPHUR CREEK</u>		10. Field Number: <u>80090</u>	
11. Federal, Indian or State Lease Number: <u>COC062046</u>			
12. Spud Date: (when the 1st bit hit the dirt) <u>10/30/2010</u> 13. Date TD: <u>12/28/2010</u> 14. Date Casing Set or D&A: <u>12/29/2010</u>			
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 <u>12137</u> TVD** <u>11926</u>		17 Plug Back Total Depth MD _____ TVD** _____	
18. Elevations GR <u>6220</u> KB <u>6248</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>CBL AND RPM</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		48	80	135	0	80	CALC
SURF	14+3/4	9+5/8		0	3,172	1,610	0	3,172	CALC
1ST	7+7/8	4+1/2		0	12,123	1,441	1,500	12,123	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	7,198		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	10,548		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,898		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,053		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,273		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	11,868		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: 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. WAITING ON COMPLETIONS.

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

Signed: _____ Print Name: JENN MENDOZA

Title: PERMIT TECH Date: 2/10/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2517369	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2517368	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>			
2517367	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2517370	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	This is Preliminary 5. E-mailed opr-Jenn reminder for Final, CBL, and digital logs.	7/25/2011 3:59:13 PM

Total: 1 comment(s)