


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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="text-align: center; font-size: 1.2em;">2517457</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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>05-103-11750-00</u>		6. County: <u>RIO BLANCO</u>					
7. Well Name: <u>Federal RG</u>		Well Number: <u>421-14-298</u>					
8. Location:    QtrQtr: <u>SWNE</u> Section: <u>14</u> Township: <u>2s</u> Range: <u>98w</u> Meridian: <u>6</u>							
Footage at surface:    Distance: <u>1752</u> feet    Direction: <u>FNL</u> Distance: <u>2267</u> feet    Direction: <u>FEL</u>							
As Drilled Latitude: <u>39.880320</u>	As Drilled Longitude: <u>-108.358337</u>						
GPS Data:							
Data of Measurement: <u>10/07/2010</u> PDOP Reading: <u>1.5</u> GPS Instrument Operator's Name: <u>J. KIRKPATRICK</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>956</u> feet. Direction: <u>FNL</u> Dist.: <u>2155</u> feet. Direction: <u>FWL</u>							
Sec: <u>14</u> Twp: <u>2S</u> Rng: <u>98W</u>							
9. Field Name: <u>SULPHUR CREEK</u>		10. Field Number: <u>80090</u>					
11. Federal, Indian or State Lease Number: <u>COC 066586</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>11/01/2010</u> 13. Date TD: <u>11/15/2010</u> 14. Date Casing Set or D&A: <u>11/18/2010</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>11270</u> TVD** <u>11144</u>		17 Plug Back Total Depth    MD    _____    TVD**    _____					
18. Elevations    GR <u>6547</u> KB <u>6570</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 AND MUD</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	3,092	1,590	0	3,092	CALC
1ST	7+7/8	4+1/2		0	11,259	1,126	2,550	11,259	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:

<u>FORMATION LOG INTERVALS AND TEST ZONES</u>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MESAVERDE	6,775		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE=0#
CAMEO	9,638		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,028		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	10,158		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	10,378		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	10,988		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: \_\_\_\_\_

LOGS WILL BE SUBMITTED TO THE COGCC BY THE SERVICE COMPANY UPON PAD DRILLOUT. WILLIAMS WILL UPLOAD DIGITAL LOGS TO COGCC WEBSITE. WAITING ON COMPLETION

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: PERMTI TECH Date: 3/23/2011 Email: JENN.MENDOZA@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2517460	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2517459	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>			
2517457	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2517458	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Paper neutron, CBL and mug log have been submitted, but digital versions have not yet been uploaded. NKP	7/27/2011 12:00:42 PM

Total: 1 comment(s)