

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:

1635867

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: <u>96850</u>	4. Contact Name: <u>ANGELA NEIFERT-KRAISER</u>
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>	Phone: <u>(303) 606-4398</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>05-045-19563-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CDOW</u>	Well Number: <u>KP 21-26</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>23</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>779</u> feet Direction: <u>FSL</u> Distance: <u>1836</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.508989</u> As Drilled Longitude: <u>-107.524421</u>	

GPS Data:
Data of Measurement: 06/29/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 204 feet. Direction: FNL Dist.: 1678 feet. Direction: FWL
Sec: 26 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 194 feet. Direction: FNL Dist.: 1973 feet. Direction: FWL
Sec: 26 Twp: 6S Rng: 91W

9. Field Name: <u>KOKOPELLI</u>	10. Field Number: <u>47525</u>
11. Federal, Indian or State Lease Number: _____	

12. Spud Date: (when the 1st bit hit the dirt) <u>07/28/2010</u>	13. Date TD: <u>08/04/2010</u>	14. Date Casing Set or D&A: <u>08/06/2010</u>
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15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD <u>7638</u> TVD** <u>7519</u>	17 Plug Back Total Depth MD <u>7571</u> TVD** <u>7452</u>
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18. Elevations GR <u>6321</u> KB <u>6344</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

GAMMA RAY, HIGH DEFINITION INDUCTION LOG, COMPENSATED Z-DENSILOG, COMPENSATED NEUTRON LOG, MUD AND CABL.

20. Casing, Liner and Cement:

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	82	31	0	82	VISU
SURF	13+1/2	9+5/8		0	823	250	0	823	VISU
1ST	7+7/8	4+1/2		0	7,618	1,047	980	7,618	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	3,839		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,236		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,482		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#

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-KRAISERTitle: REGULATORY Date: 4/18/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
1635869	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1635868	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>			
1635867	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>

Total: 0 comment(s)