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Document Number:
 2588503

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: 96850 4. Contact Name: HOWARD HARRIS
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 606-4086
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20422-00 6. County: GARFIELD
 7. Well Name: Federal Well Number: SP 13-13
 8. Location: QtrQtr: NWSW Section: 13 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 1680 feet Direction: FSL Distance: 254 feet Direction: FWL
 As Drilled Latitude: 39.435037 As Drilled Longitude: -107.954899

GPS Data:
 Date of Measurement: 12/30/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: MICHAEL LANGHORN

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: PARACHUTE 10. Field Number: 67350
 11. Federal, Indian or State Lease Number: COC05173

12. Spud Date: (when the 1st bit hit the dirt) 08/22/2011 13. Date TD: 08/24/2011 14. Date Casing Set or D&A: 08/24/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 1347 TVD** _____ 17 Plug Back Total Depth MD 256 TVD** _____

18. Elevations GR 7993 KB 8017 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:

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	45	50	0	45	VISU
OPEN HOLE	13+1/2				1,347				

ADDITIONAL CEMENT

Cement work date: _____

Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
			850	256	831

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:

WELL WAS DRILLED TO 1347' TMD AND A BIT WAS DROPPED DOWN OPEN SURFACE HOLE. BIT WAS PUSHED TO 831' AND WOULD GO NO FARTHER. TWO CEMENT PLUGS WERE SET FROM APPROX 831' TO TOP AT 256', WELL WILL KICK OFF AND SIDE TRACK TO ORIGINAL BHL. VERBAL APPROVAL GIVEN FROM STATE AND FEDERAL OFFICIALS.

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

Signed: _____ Print Name: HOWARD HARRIS

Title: SR. REGULATORY SPECIALIST Date: 9/9/2011 Email: HOWARD.HARRIS@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2588506	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2588504	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>			
2588503	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2588505	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2588507	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	NO LOGS RUN.KOP 331' MD.	9/26/2011 10:43:17 AM

Total: 1 comment(s)