

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

Document Number:
1634643

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
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC
3. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: ANGELA NEIFERT
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-18052-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: PA 543-21
8. Location: QtrQtr: NESW Section: 21 Township: 6S Range: 95W Meridian: 6
Footage at surface: Distance: 2359 feet Direction: FSL Distance: 2191 feet Direction: FWL
As Drilled Latitude: 39.508967 As Drilled Longitude: -108.005346

GPS Data:
Date of Measurement: 11/04/2009 PDOP Reading: 2.6 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1589 feet. Direction: FSL Dist.: 258 feet. Direction: FEL
Sec: 21 Twp: 6S Rng: 95W
** If directional footage at Bottom Hole Dist.: 1564 feet. Direction: FSL Dist.: 262 feet. Direction: FEL
Sec: 21 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) 01/01/2010 13. Date TD: 01/10/2010 14. Date Casing Set or D&A: 01/11/2010

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

16. Total Depth MD 9260 TVD** 8516 17 Plug Back Total Depth MD 9208 TVD** 8464

18. Elevations GR 5839 KB 5865
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; RESERVOIR MONITOR TOOL ELITE, MUD

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	65	25	0	65	VISU
SURF	13+1/2	9+5/8		0	1,206	345	0	1,206	VISU
1ST	7+7/8	4+1/2		0	9,244	940	4,450	9,244	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
WASATCH G	3,003		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,523		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,389		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,154		<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

Title: PERMITTING Date: 2/9/2011 Email: ANGELA.NEIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
1634645	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1634644	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"/>
Other Attachments			
1634643	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	CLB has been received. Reminder sent re 5A. NKP	8/10/2011 4:22:22 PM
Permit	Requested hard copy of CBL from Opr. Also need the 5A sbf	7/13/2011 3:16:34 PM

Total: 2 comment(s)