

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:

1636436

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-KRAISER  
Phone: (303) 606-4398  
Fax: (303) 629-8272

5. API Number 05-045-18045-00  
6. County: GARFIELD  
7. Well Name: FEDERAL Well Number: PA 332-21  
8. Location: QtrQtr: NESW Section: 21 Township: 6S Range: 95W Meridian: 6  
Footage at surface: Distance: 2402 feet Direction: FSL Distance: 2149 feet Direction: FWL  
As Drilled Latitude: 39.509086 As Drilled Longitude: -108.005494

GPS Data:

Data of Measurement: 11/04/2009 PDOP Reading: 4.7 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2218 feet. Direction: FNL Dist.: 1826 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2230 feet. Direction: FNL Dist.: 1820 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) 05/20/2010 13. Date TD: 05/27/2010 14. Date Casing Set or D&A: 05/28/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8741 TVD\*\* 8524 17 Plug Back Total Depth MD 8678 TVD\*\* 8461

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

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	40	16	0	40	VISU
SURF	13+1/2	9+5/8		0	874	270	0	874	VISU
1ST	8+3/4	4+1/2		0	8,726	1,200	4,300	8,726	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	2,745		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,096		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,848		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,615		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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-KRAISER

Title: REGULATORY Date: 3/31/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
1636438	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1636437	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"/>
<b>Other Attachments</b>			
1636436	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	LAS logs uploaded. Paper RPM rcd 9/28/11, not yet scanned. NKP	9/28/2011 4:53:11 PM
Permit	No LAS logs. No paper RPM/RMTE log received. NKP	3/8/2011 2:12:36 PM

Total: 2 comment(s)