

FORM
5Rev
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
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Document Number:

1636505

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: ANGELA
NEIFERT-KRAISER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4398

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8272

City: DENVER State: CO Zip: 80202

5. API Number 05-045-18038-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: PA 412-21

8. Location: QtrQtr: NESW Section: 21 Township: 6S Range: 95W Meridian: 6

Footage at surface: Distance: 2401 feet Direction: FSL Distance: 2137 feet Direction: FWL

As Drilled Latitude: 39.509083 As Drilled Longitude: -108.005537

GPS Data:

Data 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.: 2547 feet. Direction: FNL Dist.: 781 feet. Direction: FWL

Sec: 21 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 2550 feet. Direction: FNL Dist.: 755 feet. Direction: FWL

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) 06/06/2010 13. Date TD: 06/13/2010 14. Date Casing Set or D&A: 06/14/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8517 TVD** 8325 17 Plug Back Total Depth MD 8460 TVD** 8268

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:

MUD; 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	42	16	0	42	VISU
SURF	13+1/2	9+5/8		0	893	260	0	893	VISU
1ST	8+3/4	4+1/2		0	8,500	1,260	3,550	8,500	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	2,684		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,989		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,626		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,415		<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 SPECIALIST

Date: 3/31/2011

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1636507	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1636506	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>					
1636505	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Paper RPM rcd 9/28/11, not yet scanned. NKP	9/28/2011 4:59:45 PM
Permit	RMTE log rqst 8/17/11. NKP	8/22/2011 11:47:56 AM

Total: 2 comment(s)