

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:
2285009

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: MATT BARBER
Phone: (303) 606-4385
Fax: (303) 629-8268

5. API Number 05-045-19600-00
6. County: GARFIELD
7. Well Name: Federal
Well Number: PA 522-21
8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6
Footage at surface: Distance: 2501 feet Direction: FNL Distance: 1473 feet Direction: FWL
As Drilled Latitude: 39.510787 As Drilled Longitude: -108.007885

GPS Data:
Date of Measurement: 11/01/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1528 feet. Direction: FNL Dist.: 2316 feet. Direction: FWL
Sec: 21 Twp: 6S Rng: 95W
** If directional footage at Bottom Hole Dist.: 1533 feet. Direction: FNL Dist.: 2305 feet. Direction: FWL
Sec: 21 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350
11. Federal, Indian or State Lease Number: 62161

12. Spud Date: (when the 1st bit hit the dirt) 01/10/2011 13. Date TD: 01/19/2011 14. Date Casing Set or D&A: 01/21/2011

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

16. Total Depth MD 8834 TVD** 8695 17 Plug Back Total Depth MD 8765 TVD** 8626

18. Elevations GR 6017 KB 6043
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, MUD AND RESERVOIR PERFORMANCE MONITOR (RPM)

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	75	28	0	75	VISU
SURF	13+1/2	9+5/8		0	1,032	320	0	1,032	VISU
1ST	8+3/4	4+1/2		0	8,819	1,055	4,230	8,819	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	2,914		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,242		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,961		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,768		<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: MATT BARBER

Title: REGULATORY Date: 9/12/2011 Email: MATT.BARBER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2285011	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2285010	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			
2285009	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Data Entry	CHECK RELATED FORM 5A DOC #2285007 FOR ACCURACY. COMPUTER NOT ACCEPT #2285007.	10/21/2011 1:16:54 PM

Total: 1 comment(s)