

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:
2285217

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 05-045-18107-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: PA 31-20
8. Location: QtrQtr: NENE Section: 20 Township: 6S Range: 95W Meridian: 6
Footage at surface: Distance: 1272 feet Direction: FNL Distance: 840 feet Direction: FEL
As Drilled Latitude: 39.514165 As Drilled Longitude: -108.016072

GPS Data:

Date of Measurement: 02/16/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: J. KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 158 feet. Direction: FNL Dist.: 1996 feet. Direction: FEL
Sec: 20 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 165 feet. Direction: FNL Dist.: 2027 feet. Direction: FEL
Sec: 20 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) 06/23/2010 13. Date TD: 07/04/2010 14. Date Casing Set or D&A: 07/06/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9240 TVD** 9029 17 Plug Back Total Depth MD 9170 TVD** 8959

18. Elevations GR 6426 KB 6452

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 AND IND/DEN/NEU, MUD 1670998

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	43	15	0	43	VISU
SURF	13+1/2	9+5/8		0	1,087	320	0	1,087	VISU
1ST	8+3/4	4+1/2		0	9,209	1,280	6,890	9,209	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,890	100	6,110	6,890

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	3,358		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,629		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,271		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,084		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5QA DOC # 2285215

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: 10/7/2011 Email: MATT.BARBER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2285219	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2285218	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			
2285217	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REQ MWD/FMI LOGS	11/21/2011 11:30:23 AM

Total: 1 comment(s)