

**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:

2285853

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: JENN MENDOZA

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 260-4533

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

Fax: (303) 629-8272

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19609-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: PA 322-21

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

Footage at surface: Distance: 2511 feet Direction: FNL Distance: 1443 feet Direction: FWL

As Drilled Latitude: 39.510761 As Drilled Longitude: -108.007991

GPS Data:

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

** If directional footage at Top of Prod. Zone Dist.: 2157 feet. Direction: FNL Dist.: 1677 feet. Direction: FWL

Sec: 21 Twp: 6S Rng: 95W

** If directional footage at Bottom Hole Dist.: 2181 feet. Direction: FNL Dist.: 1665 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) 03/02/2011 13. Date TD: 03/07/2011 14. Date Casing Set or D&A: 03/08/2011

15. Well Classification:

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

16. Total Depth MD 8655 TVD** 8638 17 Plug Back Total Depth MD 8590 TVD** 8573

18. Elevations GR 6024 KB 6050

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:

SP/GR/HDIL/ZDL/CN AND CBL

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	45	15	0	45	VISU
SURF	13+1/2	9+5/8		0	889	320	0	889	VISU
1ST	8+3/4	4+1/2		0	8,640	995	3,800	8,640	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	2,910		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,066		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,806		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,540		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#

FORM 5A DOC#2285856

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JENN MENDOZA

Title: PERMIT TECH

Date: 11/4/2011

Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285855	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2285854	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>					
2285853	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Corrected casing setting date	1/6/2012 3:54:19 PM

Total: 1 comment(s)