

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:  
2286057

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

5. API Number 05-045-18109-00  
6. County: GARFIELD  
7. Well Name: FEDERAL Well Number: PA 431-20  
8. Location: QtrQtr: NENE Section: 20 Township: 6S Range: 95W Meridian: 6  
Footage at surface: Distance: 1300 feet Direction: FNL Distance: 828 feet Direction: FEL  
As Drilled Latitude: 39.514090 As Drilled Longitude: -108.016029

GPS Data:  
Data of Measurement: 02/16/2010 PDOP Reading: 2.5 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 949 feet. Direction: FNL Dist.: 2124 feet. Direction: FEL  
Sec: 20 Twp: 6S Rng: 95W  
\*\* If directional footage at Bottom Hole Dist.: 972 feet. Direction: FNL Dist.: 2126 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) 09/20/2010 13. Date TD: 10/03/2010 14. Date Casing Set or D&A: 10/04/2010

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

16. Total Depth MD 9030 TVD\*\* 8885 17 Plug Back Total Depth MD 8972 TVD\*\* 8827

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 RESERVOIR PERFORMANCE MONITOR (RPM)  
Mud

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	44	15	0	44	VISU
SURF	13+1/2	9+5/8		0	989	290	0	989	VISU
1ST	8+3/4	4+1/2		0	9,014	980	4,165	9,014	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	3,300		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,549		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,164		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,946		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC# 2286055  
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: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY Date: 10/4/2011 Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
2286059	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2286058	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><u>Other Attachments</u></b>			
2286057	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Added mud to the list of logs	1/17/2012 1:50:26 PM

Total: 1 comment(s)