

FORM
5Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

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Document Number:

1946630

Date Received:

08/05/2009

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: SANDRA SALAZAR
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 572-3900
3. Address: 1515 ARAPAHOE ST STE 100 Fax: (303) 629-8265
City: DENVER State: CO Zip: 80202

5. API Number 05-045-15852-00 6. County: GARFIELD
7. Well Name: FEDERAL Well Number: PA 531-31
8. Location: QtrQtr: NENE Section: 31 Township: 6S Range: 95W Meridian: 6
Footage at surface: Distance: 737 feet Direction: FNL Distance: 898 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 1029 feet. Direction: FNL Dist.: 2324 feet. Direction: FELSec: 31 Twp: 6S Rng: 95W** If directional footage at Bottom Hole Dist.: 1051 feet. Direction: FNL Dist.: 2312 feet. Direction: FELSec: 31 Twp: 6S Rng: 95W9. Field Name: PARACHUTE 10. Field Number: 6735011. Federal, Indian or State Lease Number: COC6216212. Spud Date: (when the 1st bit hit the dirt) 11/20/2008 13. Date TD: 11/28/2008 14. Date Casing Set or D&A: 11/29/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7300 TVD** 7047 17 Plug Back Total Depth MD 7252 TVD** _____18. Elevations GR 5517 KB 5543

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, RMTE

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	25	0	45	
SURF	13+1/2	9+5/8		0	900	260	0	900	
1ST	7	4+1/2		0	7,281	836	3,020	7,281	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	1,551		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,043		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,652		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,219		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: YPrint Name: SANDRA.SALAZARTitle: PERMIT TECHDate: 7/30/2009Email: SANDRA.SALAZAR@WPXENERGY.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2069390	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"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)