

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

1716034

Date Received:

07/27/2009

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: ANNIE SMITH
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (303) 606-4363
 3. Address: 1515 ARAPAHOE ST, #1000 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-14784-00 6. County: GARFIELD
 7. Well Name: AP Well Number: 344-14-696
 8. Location: QtrQtr: SWSE Section: 14 Township: 6S Range: 96W Meridian: 6
 Footage at surface: Distance: 152 feet Direction: FSL Distance: 1753 feet Direction: FEL
 As Drilled Latitude: 39.516190 As Drilled Longitude: -108.073651

GPS Data:

Date of Measurement: 02/27/2008 PDOP Reading: 1.8 GPS Instrument Operator's Name: MARK BESSIE

** If directional footage at Top of Prod. Zone Dist.: 734 feet. Direction: FSL Dist.: 441 feet. Direction: FEL

Sec: 14 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 732 feet. Direction: FSL Dist.: 455 feet. Direction: FEL

Sec: 14 Twp: 6S Rng: 96W

9. Field Name: PARACHUTE 10. Field Number: 67350

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/27/2008 13. Date TD: 09/03/2008 14. Date Casing Set or D&A: 09/03/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8852 TVD** 8852 17 Plug Back Total Depth MD 8850 TVD** 8850

18. Elevations GR 6664 KB 6685

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, 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	48	0	60	100	0	60	
SURF	14+3/4	9+5/8	32.3	0	2,521	530	0	2,521	
1ST	7+7/8	4+1/2	11.6	0	8,837	931	7,235	8,837	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	
MESAVERDE	5,522		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
CAMEO	8,252		<input type="checkbox"/>	<input type="checkbox"/>	TOP GAS MV: 6628
ROLLINS	8,733		<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: Y _____ Print Name: ANNIE SMITH _____

Title: ENGINEERING Date: 8/10/2010 Email: annie.smith@wpenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2069269	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

Total: 0 comment(s)