FORM 5	State of Colorado		DE	ET	OE	ES

State of Colorado
Oil and Gas Conservation Commission

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

FORM 5 — Rev 02/08

DRILLING COMPLETION REPORT

Document Number: 1988961

Date Received: 07/27/2009

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

DE	ET	OE	ES

1. OGCC Operator Number: 96850

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY

3. Address: 1515 ARAPAHOE ST, #1000

City: DENVER   State: CO   Zip: 80202

4. Contact Name: ANNIE SMITH

Phone: (303) 572-3900

Fax: (303) 629-8265

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5. API Number: 05-045-14775-00

6. County: GARFIELD

7. Well Name: AP   Well Number: 44-14-696

8. Location: QtrQtr: SWSE   Section: 14   Township: 6S   Range: 96W   Meridian: 6

Footage at surface: Distance: 159 feet Direction: FSL   Distance: 1753 feet Direction: FEL

As Drilled Latitude: 39.516213   As Drilled Longitude: -108.073650

GPS Data:

Data of Measurement: 02/27/2009   PDOP Reading: 1.7   GPS Instrument Operator's Name: MARK BESSIE

** If directional footage at Top of Prod. Zone   Dist.: 1358 feet. Direction: FSL   Dist.: 596 feet. Direction: FEL

Sec: 14   Twp: 6S   Rng: 96W

** If directional footage at Bottom Hole   Dist.: 1317 feet. Direction: FSL   Dist.: 615 feet. Direction: FEL

Sec: 14   Twp: 6S   Rng: 96W

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

11. Federal, Indian or State Lease Number:

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12. Spud Date: (when the 1st bit hit the dirt) 05/21/2008   13. Date TD: 07/07/2008   14. Date Casing Set or D&A: 07/07/2008

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15. Well Classification:

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

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16. Total Depth MD 9045 TVD** 8721   17 Plug Back Total Depth MD 8871 TVD** 8547

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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.

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19. List Electric Logs Run:

CBL (2), RMTE, MUD

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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	36	0	2,481	560	0	2,481	
1ST	7+7/8	4+1/2	11.6	0	8,926	305	7,100	8,926	CBL
2ND		3							

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	5,555		☐	☐	SURFACE PRESSURE = 0#
CAMEO	8,344		☐	☐	TOP GAS MV 6616
ROLLINS	8,760		☐	☐	

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: ENG TECH   Date: 8/4/2010   Email: annie.smith@wpxenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

Att Doc Num	Document Name		Yes		No	
	CMT Summary *		Yes	☐	No	☒
	Core Analysis		Yes	☐	No	☒
2069268	Directional Survey **		Yes	☒	No	☐
	DST Analysis		Yes	☐	No	☒
	Logs		Yes	☐	No	☒
	Other		Yes	☐	No	☒

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)