

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

DRILLING COMPLETION REPORT

Document Number:

2611164

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 1000 Fax: (303) 629-8265  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18188-00 6. County: GARFIELD  
7. Well Name: BATTLEMENT MESA Well Number: PA 324-5  
8. Location: QtrQtr: NWSE Section: 5 Township: 7S Range: 95W Meridian: 6  
Footage at surface: Distance: 1774 feet Direction: FSL Distance: 2289 feet Direction: FEL  
As Drilled Latitude: 39.464403 As Drilled Longitude: -108.020136

GPS Data:

Data of Measurement: 06/10/2009 PDOP Reading: 2.7 GPS Instrument Operator's Name: WAYNE KIRKPATRICK

\*\* If directional footage

at Top of Prod. Zone Distance: 844 feet Direction: FSL Distance: 1932 feet Direction: FWL  
Sec: 5 Twp: 7S Rng: 95W  
at Bottom Hole Distance: 834 feet Direction: FSL Distance: 1911 feet Direction: FWL  
Sec: 5 Twp: 7S Rng: 95W

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) 11/07/2009 13. Date TD: 11/11/2009 14. Date Casing Set or D&A: 11/11/2009

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6709 TVD 6405 17 Plug Back Total Depth MD 6659 TVD 6355

18. Elevations GR 5104 KB 5130

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, RESERVOIR MONITOR TOOL ELITE, MUD LOG

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	24	18		34	12	0	34	CALC
SURF	13+1/2	9+5/8		1,512	390	0	1,512	CALC
1ST	7+7/8	4+1/2		6,694	807	2,400	2,550	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	1,218		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	3,566		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,009		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,614		<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: SANDRA SALAZAR \_\_\_\_\_

Title: PERMIT TECH Date: 3/26/2010 Email: \_\_\_\_\_

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neshin* Director of COGCC Date: 12/28/2010

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Paper directional survey and paper cement summary are part of paper well file. dhs	12/28/2010 11:21:23 AM

Total: 1 comment(s)