

**FORM
5**Rev
02/08State 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:

2611164

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 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 ☐ Observation16. Total Depth MD 6709 TVD 6405 17 Plug Back Total Depth MD 6659 TVD 635518. 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. Nash Director of COGCC Date: 12/28/2010

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------------|
| 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)