


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  2537145	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number:    10286		4. Contact Name:    annie smith					
2. Name of Operator:    WILLIAMS PRODUCTION RYAN GULCH LLC		Phone:    (303) 606-4363					
3. Address:    1515 ARAPAHOE ST TWR 3 STE 1000		Fax:					
City:    DENVER	State:    CO	Zip:    80202					
5. API Number    05-103-11517-00		6. County:    RIO BLANCO					
7. Well Name:    FEDERAL RG		Well Number:    41-16-397					
8. Location:    QtrQtr:    NWNE    Section:    16    Township:    3S    Range:    97W    Meridian:    6							
Footage at surface:    Distance:    1263    feet    Direction:    FNL		Distance:    1459    feet    Direction:    FEL					
As Drilled Latitude:    39.792945		As Drilled Longitude:    -108.280557					
GPS Data:							
Data of Measurement:    02/04/2010    PDOP Reading:    1.3    GPS Instrument Operator's Name:    richard a bullen jr							
** If directional footage at Top of Prod. Zone    Dist.:       feet. Direction:          Dist.:       feet. Direction:							
Sec:          Twp:          Rng:							
** If directional footage at Bottom Hole    Dist.:    800    feet. Direction:    FNL    Dist.:    692    feet. Direction:    FEL							
Sec:    16    Twp:    3s    Rng:    97w							
9. Field Name:    SULPHUR CREEK		10. Field Number:    80090					
11. Federal, Indian or State Lease Number:    COC08313							
12. Spud Date: (when the 1st bit hit the dirt)    07/26/2010    13. Date TD:    08/09/2010    14. Date Casing Set or D&A:    08/10/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    12630    TVD**    12569		17 Plug Back Total Depth    MD          TVD**					
18. Elevations    GR    6946    KB    6974		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:							
rpm, bond, mud							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	80	135	0	80	VISU
SURF	14+3/4	9+5/8		0	3,413	2,548	0	3,413	VISU
1ST	7+7/8	4+1/2		0	12,620	1,449	2,550	12,620	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	
CAMEO			<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN			<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE			<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE			<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS			<input type="checkbox"/>	<input type="checkbox"/>	
SEGO			<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: \_\_\_\_\_ Print Name: annie smith

Title: eng tech Date: 9/3/2010 Email: \_\_\_\_\_

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2537140	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2537139	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"/>
<u>Other Attachments</u>					
2537142	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2537143	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2537145	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)