

**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:

2591107

**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: ANGELA NEIFERT

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4398

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-18105-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: PA 44-17

8. Location: QtrQtr: NENE Section: 20 Township: 6S Range: 95W Meridian: 6

Footage at surface: Distance: 1282 feet Direction: FNL Distance: 825 feet Direction: FEL

As Drilled Latitude: 39.514139 As Drilled Longitude: -108.016018

## GPS Data:

Data of Measurement: 02/16/2010 PDOP Reading: 2.5 GPS Instrument Operator's Name: JACK KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: 138 feet. Direction: FSL Dist.: 679 feet. Direction: FEL

Sec: 17 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: COC62163

12. Spud Date: (when the 1st bit hit the dirt) 08/10/2010 13. Date TD: 08/18/2010 14. Date Casing Set or D&amp;A: 08/19/2010

## 15. Well Classification:

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

16. Total Depth MD 9279 TVD\*\* 9111 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 6426 KB 6452

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 AND RESEVOIR PERFORMANCE MONITOR (RPM)

## 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		0	44	17	0	44	VISU
SURF	13+1/2	9+5/8		0	956	295	0	956	VISU
1ST	7+7/8	4+1/2		0	9,263	1,180	4,340	9,263	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	
GREELEY SAND	3,289		<input type="checkbox"/>	<input type="checkbox"/>	SURFACE PRESSURE = 0#
MESAVERDE	5,637		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,330		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,133		<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: ANGELA NEILERT

Title: PERMIT TECHNICIANQ Date: 10/19/2010 Email: ANGELA.NEILERT@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2591109	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2591108	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>					
2591107	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2591110	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)