


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		<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: <div style="border: 1px solid black; padding: 5px; text-align: center;">1633961</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>96850</u>		4. Contact Name: <u>ANGELA NEIFERT</u>					
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>		Phone: <u>(303) 606-4398</u>					
3. Address: <u>1001 17TH STREET - SUITE #1200</u>		Fax: <u>(303) 629-8285</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-045-17987-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>TRI STATE TRUCKING</u>		Well Number: <u>PA 32-25</u>					
8. Location: QtrQtr: <u>SENW</u>	Section: <u>25</u>	Township: <u>6S</u>	Range: <u>95W</u> Meridian: <u>6</u>				
Footage at surface: Distance: <u>2362</u> feet	Direction: <u>FNL</u>	Distance: <u>1763</u> feet	Direction: <u>FWL</u>				
As Drilled Latitude: <u>39.496671</u>		As Drilled Longitude: <u>-107.950172</u>					
GPS Data:							
Data of Measurement: <u>12/26/2009</u>		PDOP Reading: <u>1.8</u> GPS Instrument Operator's Name: <u>JACK KIRKPATRICK</u>					
** If directional footage at Top of Prod. Zone Sec: <u>25</u>		Dist.: <u>1542</u> feet. Direction: <u>FNL</u> Dist.: <u>2153</u> feet. Direction: <u>FEL</u> Twp: <u>6S</u> Rng: <u>95W</u>					
** If directional footage at Bottom Hole Sec: <u>25</u>		Dist.: <u>1546</u> feet. Direction: <u>FNL</u> Dist.: <u>2137</u> feet. Direction: <u>FEL</u> Twp: <u>6S</u> Rng: <u>95W</u>					
9. Field Name: <u>PARACHUTE</u>		10. Field Number: <u>67350</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>05/05/2010</u> 13. Date TD: <u>05/12/2010</u> 14. Date Casing Set or D&A: <u>05/13/2010</u>							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" 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 <u>8087</u>	TVD** <u>7879</u>	17 Plug Back Total Depth MD <u>8026</u>	TVD** <u>7818</u>				
18. Elevations GR <u>5223</u>	KB <u>5249</u>	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:							
<u>CBL; RESEVOIR MONITOR TOOL ELITE, MUD</u>							
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		0	65	25	0	65	VISU
SURF	13+1/2	9+5/8		0	1,150	320	0	1,150	VISU
1ST	7+7/8	4+1/2		0	8,074	1,275	1,885	8,074	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	1,992		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	4,297		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,792		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,752		<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 J NEIFERT

Title: PERMIT TECHNICIAN Date: 2/8/2011 Email: ANGELA.NEIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1633963	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
1633962	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>					
1633961	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)