


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;">2517449</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 type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>96850</u>		4. Contact Name: <u>JENN MENDOZA</u>					
2. Name of Operator: <u>WILLIAMS PRODUCTION RMT COMPANY LLC</u>		Phone: <u>(303) 260-4533</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>05-103-11754-00</u>		6. County: <u>RIO BLANCO</u>					
7. Well Name: <u>Federal RG</u>		Well Number: <u>532-14-298</u>					
8. Location: QtrQtr: <u>SWNE</u> Section: <u>14</u> Township: <u>2S</u> Range: <u>98W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>1797</u> feet Direction: <u>FNL</u> Distance: <u>2248</u> feet Direction: <u>FEL</u>							
As Drilled Latitude: <u>39.880198</u>	As Drilled Longitude: <u>-108.358292</u>						
GPS Data:							
Date of Measurement: <u>09/07/2010</u> PDOP Reading: <u>1.5</u> GPS Instrument Operator's Name: <u>J KIRKPATRICK</u>							
** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____							
Sec: _____ Twp: _____ Rng: _____							
** If directional footage at Bottom Hole Dist.: <u>2548</u> feet. Direction: <u>FNL</u> Dist.: <u>2045</u> feet. Direction: <u>FEL</u>							
Sec: <u>14</u> Twp: <u>2S</u> Rng: <u>98W</u>							
9. Field Name: <u>SULPHUR CREEK</u>		10. Field Number: <u>80090</u>					
11. Federal, Indian or State Lease Number: <u>COC 066586</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>01/21/2011</u> 13. Date TD: <u>03/08/2011</u> 14. Date Casing Set or D&A: <u>03/08/2011</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>11130</u> TVD** <u>11079</u>		17 Plug Back Total Depth MD _____ TVD** _____					
18. Elevations GR <u>6545</u> KB <u>6568</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 AND RPM</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		48	80	135	0	80	CALC
SURF	14+3/4	9+5/8		0	3,264	1,673	0	3,264	CALC
1ST	7+7/8	4+1/2		0	11,120	1,345		11,120	CALC

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	
MESAVERDE	6,646		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,496		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,906		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	10,041		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	10,266		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	10,866		<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: JENN MENDOZA

Title: PERMIT TECH Date: 4/4/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2517452	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2517451	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>					
2517449	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2517450	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Preliminary Form 5, no CBL yet.	7/19/2011 3:07:45 PM

Total: 1 comment(s)