


<div>FORM 5</div> <div>Rev 02/08</div>	<div>State of Colorado</div> <div>Oil and Gas Conservation Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</div>	<div></div>	<table><tr><td>DE</td><td>ET</td><td>OE</td><td>ES</td></tr></table>	DE	ET	OE	ES
DE	ET	OE	ES				
<div>DRILLING COMPLETION REPORT</div> <div>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.</div>			<div>Document Number:</div> <div>2517383</div>				
<div>Completion Type <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion</div>							
<div>1. OGCC Operator Number: 96850</div> <div>2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC</div> <div>3. Address: 1001 17TH STREET - SUITE #1200</div> <div>City: DENVER State: CO Zip: 80202</div>		<div>4. Contact Name: JENN MENDOZA</div> <div>Phone: (303) 260-4533</div> <div>Fax: (303) 629-8285</div>					
<div>5. API Number 05-103-11681-00</div> <div>7. Well Name: Federal RGU</div> <div>8. Location: QtrQtr: NWNE Section: 25 Township: 1S Range: 98W Meridian: 6</div> <div>Footage at surface: Distance: 234 feet Direction: FNL Distance: 1917 feet Direction: FEL</div> <div>As Drilled Latitude: 39.940967 As Drilled Longitude: -108.340086</div> <div>GPS Data:</div> <div>Data of Measurement: 08/16/2010 PDOP Reading: 3.2 GPS Instrument Operator's Name: JAMES SEAL</div> <div>** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:</div> <div>Sec: Twp: Rng:</div> <div>** If directional footage at Bottom Hole Dist.: 299 feet. Direction: FSL Dist.: 668 feet. Direction: FEL</div> <div>Sec: 24 Twp: 1S Rng: 98W</div>		<div>6. County: RIO BLANCO</div> <div>Well Number: 444-24-198</div>					
<div>9. Field Name: SULPHUR CREEK</div> <div>11. Federal, Indian or State Lease Number: COC060733</div>		<div>10. Field Number: 80090</div>					
<div>12. Spud Date: (when the 1st bit hit the dirt) 12/24/2010 13. Date TD: 01/14/2011 14. Date Casing Set or D&A: 01/15/2011</div>							
<div>15. Well Classification:</div> <div><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</div>							
<div>16. Total Depth MD 12925 TVD** 12792</div>		<div>17 Plug Back Total Depth MD TVD**</div>					
<div>18. Elevations GR 6640 KB 6661</div>		<div>One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.</div>					
<div>19. List Electric Logs Run:</div> <div>CBL AND RPM</div>							
<div>20. Casing, Liner and Cement:</div>							

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	3,969	2,302	0	3,969	CALC
1ST	7+7/8	4+1/2		0	12,918	1,535		12,918	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	
MESAVERDE	8,027		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	11,337		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,717		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,852		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,067		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	12,687		<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: 2/10/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2517385	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2517386	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>					
2111179	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2517383	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>
Permit	This is Preliminary Form 5. E-mailed Opr-Jenn reminder for Final 5 and 5A, digital logs, & CBL	7/25/2011 10:49:34 AM

Total: 1 comment(s)