


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="text-align: center; font-size: 1.2em;">2517390</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>05-103-11687-00</u>		6. County: <u>RIO BLANCO</u>					
7. Well Name: <u>Federal RGU</u>		Well Number: <u>341-25-198</u>					
8. Location: QtrQtr: <u>NWNE</u> Section: <u>25</u> Township: <u>1S</u> Range: <u>98W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>261</u> feet Direction: <u>FNL</u> Distance: <u>1931</u> feet Direction: <u>FEL</u>							
As Drilled Latitude: <u>39.940894</u>	As Drilled Longitude: <u>-108.340135</u>						
GPS Data:							
Data of Measurement: <u>08/16/2010</u> PDOP Reading: <u>3.2</u> GPS Instrument Operator's Name: <u>JAMES SEAL</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>363</u> feet. Direction: <u>FNL</u> Dist.: <u>634</u> feet. Direction: <u>FEL</u>							
Sec: <u>25</u> Twp: <u>1S</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>COC060733</u>							
12. Spud Date: (when the 1st bit hit the dirt) <u>12/05/2010</u> 13. Date TD: <u>12/21/2010</u> 14. Date Casing Set or D&A: <u>12/23/2010</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>12918</u> TVD** <u>12798</u>		17 Plug Back Total Depth MD _____ TVD** _____					
18. Elevations GR <u>6640</u> KB <u>6661</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>SP/GR/HDIL/ZDL/CN AND CBL, Mud, Radial Analysis Bond Log</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	3,971	2,101	0	3,971	CALC
1ST	7+7/8	4+1/2		0	12,907	1,441	7,320	12,907	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	7,995		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	11,268		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,676		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,818		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,039		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	12,650		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

SURFACE PRESSURE = 0#. LOGS WILL BE SUBMITTED TO THE COGCC BY THE SERVICE COMPANY UPON PAD DRILLOUT. WILLIAMS WILL UPLOAD DIGITAL LOGS TO THE COGCC WEBSITE. WAITING ON COMPLETIONS.

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>					
2517389	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2517388	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>					
2517387	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2517390	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 Preliminarey 5, e-mailed Opr-Jenn, requesting digital logs, CBL, Final Form 5.	7/25/2011 11:23:58 AM

Total: 1 comment(s)