

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400216142

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: JENN MENDOZA  
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC Phone: (303) 260-4533  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285  
 City: DENVER State: CO Zip: 80202

5. API Number 05-103-11452-00 6. County: RIO BLANCO  
 7. Well Name: FEDERAL RGU Well Number: 414-24-198  
 8. Location: QtrQtr: SWSW Section: 25 Township: 1S Range: 98W Meridian: 6  
 Footage at surface: Distance: 358 feet Direction: FNL Distance: 2239 feet Direction: FWL  
 As Drilled Latitude: 39.939257 As Drilled Longitude: -108.350573

GPS Data:

Data of Measurement: 10/31/2009 PDOP Reading: 1.9 GPS Instrument Operator's Name: JOHN RICHARDSON

\*\* If directional footage at Top of Prod. Zone Dist.: 242 feet. Direction: FSL Dist.: 624 feet. Direction: FWL  
 Sec: 24 Twp: 1S Rng: 98W

\*\* If directional footage at Bottom Hole Dist.: 234 feet. Direction: FSL Dist.: 609 feet. Direction: FWL  
 Sec: 24 Twp: 1S Rng: 98W

9. Field Name: PARACHUTE 10. Field Number: 67350  
 11. Federal, Indian or State Lease Number: 69733

12. Spud Date: (when the 1st bit hit the dirt) 12/16/2009 13. Date TD: 01/29/2010 14. Date Casing Set or D&A: 01/30/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12850 TVD\*\* 12738 17 Plug Back Total Depth MD 12725 TVD\*\* 12600

18. Elevations GR 6608 KB 6629 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 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	48	0	80	135	0	80	VISU
SURF	14+3/4	9+5/8	32.3	0	3,947	2,220	0	3,947	VISU
1ST	7+7/8	4+1/2	11.6	0	12,835	1,488	3,747	12,835	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	9,590		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	11,186		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,605		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,734		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	11,931		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	12,360		<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: \_\_\_\_\_ Email: JENN.MENDOZA@WILLIAMS.COM

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)