

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

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: 927 feet Direction: FNL Distance: 225 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 6607 KB 6628

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	3,240	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: 10/19/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
1726502	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
Other Attachments			
400216142	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Emailed Jenn, req'd SC cement tickets.	10/24/2011 11:33:47 AM
Permit	REQ DIGITAL LOGS	10/20/2011 2:26:55 PM

Total: 2 comment(s)