

**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:

2586685

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 05-103-11685-00

6. County: RIO BLANCO

7. Well Name: Federal RGU

Well Number: 441-25-198

8. Location: QtrQtr: NWNE Section: 25 Township: 1S Range: 98W Meridian: 6

Footage at surface: Distance: 268 feet Direction: FNL Distance: 1935 feet Direction: FEL

As Drilled Latitude: 39.940875 As Drilled Longitude: -108.340147

GPS Data:

Date of Measurement: 08/16/2010 PDOP Reading: 1.0 GPS Instrument Operator's Name: JAMES SEAL

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: 757 feet. Direction: FNL Dist.: 654 feet. Direction: FEL

Sec: 25 Twp: 1S Rng: 98W

9. Field Name: SULPHUR CREEK

10. Field Number: 80090

11. Federal, Indian or State Lease Number: COC060733

12. Spud Date: (when the 1st bit hit the dirt) 04/27/2011 13. Date TD: 05/12/2011 14. Date Casing Set or D&A: 05/12/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 12854 TVD** 12721 17 Plug Back Total Depth MD TVD**

18. Elevations GR 6640 KB 6661

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	80	135	0	80	VISU
SURF	14+3/4	9+5/8		0	4,098	2,110	0	4,098	VISU
1ST	7+7/8	4+1/2		0	12,851	1,544		12,851	CALC

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	8,008		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	11,338		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,718		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	11,853		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	12,068		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	12,698		<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 II Date: 6/6/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2586687	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2586686	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>					
2586685	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	off hold-rec'd email of surf. cmt. summary--attached to well file by API #.	11/18/2011 7:20:48 AM
Permit	re-req'd surf. cmt. tkt.	11/14/2011 8:00:43 AM
Permit	REQ'D SURF. CMT. TKT.	8/11/2011 3:02:44 PM

Total: 3 comment(s)