

FORM
5Rev
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:

2285120

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 05-103-11774-00

6. County: RIO BLANCO

7. Well Name: Federal RG

Well Number: 523-14-298

8. Location: QtrQtr: NESW Section: 14 Township: 2S Range: 98W Meridian: 6

Footage at surface: Distance: 1484 feet Direction: FSL Distance: 1777 feet Direction: FWL

As Drilled Latitude: 39.873700 As Drilled Longitude: -108.363374

GPS Data:

Date of Measurement: 01/06/2011 PDOP Reading: 1.0 GPS Instrument Operator's Name: T. MORLEY

** If directional footage at Top of Prod. Zone Dist.: 1707 feet. Direction: FSL Dist.: 1951 feet. Direction: FWL

Sec: 14 Twp: 2S Rng: 98W

** If directional footage at Bottom Hole Dist.: 1692 feet. Direction: FSL Dist.: 1942 feet. Direction: FWL

Sec: 14 Twp: 2S Rng: 98W

9. Field Name: SULPHUR CREEK

10. Field Number: 80090

11. Federal, Indian or State Lease Number: COC66586

12. Spud Date: (when the 1st bit hit the dirt) 03/17/2011 13. Date TD: 06/16/2011 14. Date Casing Set or D&A: 06/17/2011

15. Well Classification:

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

16. Total Depth MD 10940 TVD** 10931 17 Plug Back Total Depth MD 10908 TVD** 10922

18. Elevations GR 6604 KB 6625

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:

SP/GR/HDIL/SDL/CN/AND CBL

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 | CALC |
| SURF | 14+3/4 | 9+5/8 | | 0 | 3,207 | 1,681 | 0 | 3,207 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 10,930 | 1,336 | 4,150 | 10,930 | 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 | 6,255 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 9,136 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 9,738 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| COZZETTE | 9,870 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CORCORAN | 10,091 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SEGO | 10,683 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: 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: 10/7/2011

Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 2285122 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 2285121 | 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> | | | | | |
| 2285120 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|------------------|--------------------------|
| Permit | REQ MED/FMI LOGS | 11/15/2011 3:31:04 PM |

Total: 1 comment(s)