

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:
2285109

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 05-103-11673-00
6. County: RIO BLANCO
7. Well Name: Federal RGU
Well Number: 541-25-198
8. Location: QtrQtr: NWNE Section: 25 Township: 1S Range: 98W Meridian: 6
Footage at surface: Distance: 275 feet Direction: FNL Distance: 1938 feet Direction: FEL
As Drilled Latitude: 39.940857 As Drilled Longitude: -108.340160

GPS Data:

Data of Measurement: 08/16/2010 PDOP Reading: 3.2 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.: 1143 feet. Direction: FNL Dist.: 635 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) 05/13/2011 13. Date TD: 05/24/2011 14. Date Casing Set or D&A: 05/25/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12953 TVD** 12785 17 Plug Back Total Depth MD TVD**

18. Elevations GR 6641 KB 6662

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 | CALC |
| SURF | 14+3/4 | 9+5/8 | | 0 | 4,196 | 2,200 | 0 | 4,196 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 12,942 | 1,454 | 4,000 | 12,942 | 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 | 8,022 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 11,159 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 11,694 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| COZZETTE | 11,889 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CORCORAN | 12,104 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SEGO | 12,674 | | <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: 10/10/2011 Email: JENN.MENDOZA@WILLIAMS.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 2285111 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2285110 | 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"/> |
| Other Attachments | | | |
| 2285109 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|------------------|--------------------------|
| Permit | REQ MWD/FMI LOGS | 11/18/2011 9:58:08 AM |

Total: 1 comment(s)