

**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:

2286156

**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: MATT BARBER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4385

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8268

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19044-00

6. County: GARFIELD

7. Well Name: DIAMOND ELK

Well Number: PA 542-12

8. Location: QtrQtr: NWNE Section: 12 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 428 feet Direction: FNL Distance: 1930 feet Direction: FEL

As Drilled Latitude: 39.458591 As Drilled Longitude: -107.944351

## GPS Data:

Date of Measurement: 04/06/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: J. KIRKPATRICK

\*\* If directional footage at Top of Prod. Zone Dist.: 2375 feet. Direction: FNL Dist.: 238 feet. Direction: FEL

Sec: 12 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2400 feet. Direction: FNL Dist.: 247 feet. Direction: FEL

Sec: 12 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number: CACO072179

12. Spud Date: (when the 1st bit hit the dirt) 12/23/2010 13. Date TD: 12/31/2010 14. Date Casing Set or D&amp;A: 01/01/2011

## 15. Well Classification:

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

16. Total Depth MD 8756 TVD\*\* 8151 17 Plug Back Total Depth MD 8701 TVD\*\* 8096

18. Elevations GR 6289 KB 6315

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 RESERVOIR PERFORMANCE MONITOR (RPM)  
Mud

## 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		0	60	32	0	60	VISU
SURF	13+1/2	9+5/8		0	1,099	330	0	1,099	VISU
1ST	8+3/4	4+1/2		0	8,736	1,255	3,530	8,736	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	
WASATCH G	2,731		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,180		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,681		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,574		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC#2286159

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: MATT BARBER

Title: SR. REGULATORY SPECIALIST Date: 11/14/2011 Email: MATT.BARBER@WILLIAMS.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286158	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2286157	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>					
2286156	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Added mud to list of logs	1/18/2012 1:53:38 PM

Total: 1 comment(s)