



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&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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)