

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:
2286437

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: SANDRA SALAZAR
Phone: (303) 629-8456
Fax: (303) 629-8268

5. API Number 05-045-19608-00
6. County: GARFIELD
7. Well Name: Federal Well Number: PA 11-21
8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6
Footage at surface: Distance: 2501 feet Direction: FNL Distance: 1406 feet Direction: FWL
As Drilled Latitude: 39.510788 As Drilled Longitude: -108.008125

GPS Data:
Date of Measurement: 11/01/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 217 feet. Direction: FNL Dist.: 807 feet. Direction: FWL
Sec: 21 Twp: 6S Rng: 95W
** If directional footage at Bottom Hole Dist.: 196 feet. Direction: FNL Dist.: 795 feet. Direction: FWL
Sec: 21 Twp: 6S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350
11. Federal, Indian or State Lease Number: 62161

12. Spud Date: (when the 1st bit hit the dirt) 04/10/2011 13. Date TD: 04/16/2011 14. Date Casing Set or D&A: 04/17/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9155 TVD** 8688 17 Plug Back Total Depth MD 9086 TVD** 8619

18. Elevations GR 6023 KB 6049
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:
RPM 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	0	0	133	50	0	133	VISU
SURF	13+1/2	9+5/8	0	0	1,132	350	0	1,132	VISU
1ST	8+3/4	4+1/2	0	0	9,140	1,005	3,590	9,140	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	
GREELEY SAND	3,060		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,561		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,289		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,094		<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: SANDRA SALAZAR

Title: PERMIT TECHNICIAN II Date: 11/29/2011 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2286439	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2286438	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			
2286437	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)