

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:

2330198

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: ANGELA
NEIFERT-KRAISER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4398

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

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19569-01

6. County: GARFIELD

7. Well Name: CDOW

Well Number: KP 414-23

8. Location: QtrQtr: SESW Section: 23 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 792 feet Direction: FSL Distance: 1801 feet Direction: FWL

As Drilled Latitude: 39.509026 As Drilled Longitude: -107.524544

GPS Data:

Data of Measurement: 06/29/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 455 feet. Direction: FSL Dist.: 668 feet. Direction: FWL

Sec: 23 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 421 feet. Direction: FSL Dist.: 618 feet. Direction: FWL

Sec: 23 Twp: 6S Rng: 91W

9. Field Name: KOKOPELLI

10. Field Number: 47525

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/18/2010 13. Date TD: 09/05/2010 14. Date Casing Set or D&A: 09/08/2010

15. Well Classification:

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

16. Total Depth MD 8540 TVD** 8362 17 Plug Back Total Depth MD 8483 TVD** 8305

18. Elevations GR 6321 KB 6344

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 & RPM & TEMP LOG

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	74	28	0	74	VISU
SURF	13+1/2	9+5/8		0	922	280	0	922	VISU
1ST	7+7/8	4+1/2		0	8,519	1,240	3,930	8,519	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST		210	2,222	2,670
SQUEEZE	1ST		15	2,670	2,670

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	3,896		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,259		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,496		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,110		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,310		<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: ANGELA J NEIFERT-KRAISER

Title: REGULATORY SPECIALIST

Date: 12/2/2011

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2089553	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2089552	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>					
2330198	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Emailed operator for elevations of squeeze perfs.	2/8/2012 2:49:22 PM
Permit	Dates are for the original hole Angela Neifert-Kraiser verified dates are correct Depths were changed to match submitted directional survey Attached directional survey in Laserfiche	1/27/2012 7:50:32 AM

Total: 2 comment(s)