

**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:

2285858

**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: JENN MENDOZA

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 260-4533

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

Fax: (303) 629-8272

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19603-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: PA 512-21

8. Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6

Footage at surface: Distance: 2511 feet Direction: FNL Distance: 1436 feet Direction: FWL

As Drilled Latitude: 39.510787 As Drilled Longitude: -108.007912

## GPS Data:

Data 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.: 1488 feet. Direction: FNL Dist.: 987 feet. Direction: FWL

Sec: 21 Twp: 6S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 1512 feet. Direction: FNL Dist.: 954 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) 03/09/2011 13. Date TD: 03/17/2011 14. Date Casing Set or D&amp;A: 03/18/2011

## 15. Well Classification:

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

16. Total Depth MD 8736 TVD\*\* 8616 17 Plug Back Total Depth MD 8681 TVD\*\* 8561

18. Elevations GR 6024 KB 6050

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	45	15	0	45	VISU
SURF	13+1/2	9+5/8		0	886	310	0	886	VISU
1ST	8+3/4	4+1/2		0	8,721	990	4,300	8,721	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	2,967		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	5,195		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,859		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,663		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

FORM 5A DOC# 2285861

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: 11/4/2011

Email: JENN.MENDOZA@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285860	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2285859	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>					
2285858	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 Corrected casing setting date	1/9/2012 2:54:34 PM

Total: 1 comment(s)