

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



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Document Number:

2587485

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 05-045-17922-00

6. County: GARFIELD

7. Well Name: JOLLEY

Well Number: KP 33-21

8. Location: QtrQtr: NWSE Section: 21 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 1517 feet Direction: FSL Distance: 2084 feet Direction: FEL

As Drilled Latitude: 39.510517 As Drilled Longitude: -107.557314

GPS Data:

Data of Measurement: 10/01/2009 PDOP Reading: 1.6 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 2466 feet. Direction: FSL Dist.: 1960 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 2481 feet. Direction: FSL Dist.: 1969 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/15/2009 13. Date TD: 12/30/2009 14. Date Casing Set or D&A: 12/31/2009

15. Well Classification:

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

16. Total Depth MD 9060 TVD** 8933 17 Plug Back Total Depth MD 9009 TVD** 8882

18. Elevations GR 6974 KB 6997

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; HIGH RESOLUTION INDUCTION, SPECTRAL DENSITY, DUAL SPAXED NEUTRON, 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	84	30	0	84	VISU
SURF	13+1/2	9+5/8		0	1,045	385	0	1,045	VISU
1ST	7+7/8	4+1/2		0	9,039	2,010	4,700	9,039	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	8,707	1,010	8,705	8,707

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	4,369		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,712		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,970		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,546		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,753		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY

Date: 5/2/2011

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1726538	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2587486	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>					
2587485	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	rec'd squeeze cement tickets and CBL.	2/29/2012 8:31:16 AM
Engineer	Emailed operator for squeeze cement tickets, and question on CBL after squeeze.	2/21/2012 12:41:08 PM
Permit	off hold--paper CBL rec'd.	2/13/2012 2:49:05 PM
Permit	still on hold--cleared up confusion on top CRCRN; still need paper CBL	1/24/2012 8:34:02 AM
Permit	still on hold--re-req'd clarification of top CRCRN; need paper CBL.	11/23/2011 8:13:15 AM
Permit	CRCRN top reported at 8753, Top of production at 8705. Rqst opr to verify. NKP	8/25/2011 10:23:43 AM

Total: 6 comment(s)