

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:

400258044

Date Received:

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) 629-8272

City: DENVER State: CO Zip: 80202

5. API Number 05-103-11752-00

6. County: RIO BLANCO

7. Well Name: Federal RG

Well Number: 332-14-298

8. Location: QtrQtr: SWNE Section: 14 Township: 2S Range: 98W Meridian: 6

Footage at surface: Distance: 1767 feet Direction: FNL Distance: 2254 feet Direction: FEL

As Drilled Latitude: 39.880280 As Drilled Longitude: -108.358300

GPS Data:

Data of Measurement: 10/07/2010 PDOP Reading: 1.5 GPS Instrument Operator's Name: J. Kirkpatrick

** If directional footage at Top of Prod. Zone Dist.: 1647 feet. Direction: FNL Dist.: 1886 feet. Direction: FEL

Sec: 14 Twp: 2s Rng: 98w

** If directional footage at Bottom Hole Dist.: 1631 feet. Direction: FNL Dist.: 1914 feet. Direction: FEL

Sec: 14 Twp: 2s Rng: 98w

9. Field Name: SULPHUR CREEK

10. Field Number: 80090

11. Federal, Indian or State Lease Number: COC 066586

12. Spud Date: (when the 1st bit hit the dirt) 11/02/2010 13. Date TD: 12/30/2010 14. Date Casing Set or D&A: 12/30/2010

15. Well Classification:

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

16. Total Depth MD 11123 TVD** 11109 17 Plug Back Total Depth MD 11100 TVD** 11086

18. Elevations GR 6545 KB 6568

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 RPM

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	48#	0	80	135	0	135	CALC
SURF	14+3/4	9+5/8	36	0	3,128	1,956	0	3,128	CALC
1ST	8+3/4	4+1/2	11.6	0	11,123	1,384	2,928	11,123	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	
MESAVERDE	6,416		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,369		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,951		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	10,083		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	10,307		<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	10,663		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to big rig spud date.

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: Regulatory Specialist Date: _____ Email: matt.barber@williams.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400259498	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400259523	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"/>
400259525	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400259526	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)