

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

1798822

Date Received:

02/09/2009

## 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: ANNIE SMITH

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY

Phone: (303) 572-3900

3. Address: 1515 ARAPAHOE ST STE 100

Fax: (303) 629-8265

City: DENVER State: CO Zip: 80202

5. API Number 05-045-15613-00

6. County: GARFIELD

7. Well Name: AP

Well Number: 43-1-696

8. Location: QtrQtr: NWSE Section: 1 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1576 feet Direction: FSL Distance: 2388 feet Direction: FEL

As Drilled Latitude: 39.549022 As Drilled Longitude: -108.057080

## GPS Data:

Data of Measurement: 04/18/2008 PDOP Reading: 2.1 GPS Instrument Operator's Name: CLEMENT WILLIAMS

\*\* If directional footage at Top of Prod. Zone Dist.: 2473 feet. Direction: FSL Dist.: 438 feet. Direction: FEL

Sec: 1 Twp: 6S Rng: 96W

\*\* If directional footage at Bottom Hole Dist.: 2458 feet. Direction: FSL Dist.: 454 feet. Direction: FEL

Sec: 1 Twp: 6S Rng: 96W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/07/2008 13. Date TD: 07/03/2008 14. Date Casing Set or D&amp;A: 07/04/2008

## 15. Well Classification:

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

16. Total Depth MD 11620 TVD\*\* 11409 17 Plug Back Total Depth MD 11623 TVD\*\* 11412

18. Elevations GR 8427 KB 8443

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; HRI; SPECTAL DENSITY, DUAL SPACED NEUTRON

## 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	60	100	0	60	
SURF	14+3/4	9+5/8		0	3,525	1,340	0	3,525	
1ST	7+7/8	4+1/2		0	11,623	865	8,400	11,623	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	8,230		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	11,175		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	11,597		<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: Y \_\_\_\_\_

Print Name: ANNIE SMITH \_\_\_\_\_

Title: ENG. TECH \_\_\_\_\_

Date: 2/6/2009 \_\_\_\_\_

Email: ANNIE.SMITH@WPXENERGY.COM \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)