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

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

Document Number:

1715688

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

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

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

   City: DENVER   State: CO   Zip: 80202

4. Contact Name: ANNIE SMITH

   Phone: (303) 572-3900

   Fax: (303) 629-8265

5. API Number 05-045-14778-00

6. County: GARFIELD

7. Well Name: AP   Well Number: 41-23-696

8. Location: QtrQtr: SWSE   Section: 14   Township: 6S   Range: 96W   Meridian: 6

  Footage at surface: Distance: 129 feet Direction: FSL   Distance: 1754 feet Direction: FEL

    As Drilled Latitude: 39.516127   As Drilled Longitude: -108.073650

GPS Data:

    Data of Measurement: 02/27/2009   PDOP Reading: 1.5   GPS Instrument Operator's Name: JOHN RICHARDSON

    ** If directional footage at Top of Prod. Zone   Dist.: 227 feet. Direction: FNL   Dist.: 545 feet. Direction: FEL

        Sec: 23   Twp: 6S   Rng: 96W

    ** If directional footage at Bottom Hole   Dist.: 238 feet. Direction: FNL   Dist.: 525 feet. Direction: FEL

        Sec: 23   Twp: 6S   Rng: 96W

9. Field Name: GRAND VALLEY   10. Field Number: 31290

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/14/2008 13. Date TD: 10/28/2008 14. Date Casing Set or D&A: 10/28/2008

15. Well Classification:

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

16. Total Depth MD 8784   TVD** 8630   17 Plug Back Total Depth MD 8739   TVD** 8586

18. Elevations GR 6665   KB 6685   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, HRL, SPECTRAL 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	4,840	530	0	4,840	
1ST	7+7/8	4+1/2		0	8,739	957	4,840	8,739	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	6,503		☐	☐	SURFACE PRESS URE = 0#
CAMEO	8,149		☐	☐	
ROLLINS	8,612		☐	☐	TOP GAS MV: TOP: 6503'

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: ENGINEERING   Date: 6/26/2009   Email: ANNIE.SMITH@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
	CMT Summary *	Yes ☐ No ☒
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

General Comments

User Group	Comment	Comment Date
Permit	REC'D PAPER LOGS ACR/SD/DSN 2202819 9/2/11 ACB 1670162 IN SCANNING.	9/6/2011 7:36:16 AM

Total: 1 comment(s)