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 **DRILLING COMPLETION REPORT**	DE	ET	OE	ES

Document Number: 2587637

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 J. 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 05-045-19745-00

6. County: GARFIELD

7. Well Name: ExxonMobil   Well Number: GM 512-27

8. Location: QtrQtr: SESW   Section: 27   Township: 6S   Range: 96W   Meridian: 6

Footage at surface: Distance: 1149 feet Direction: FSL   Distance: 2501 feet Direction: FWL

As Drilled Latitude: 39.491085   As Drilled Longitude: -108.095222

GPS Data:

Data of Measurement: 11/01/2010   PDOP Reading: 3.5   GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone   Dist.: ____ feet. Direction: ____   Dist.: ____ feet. Direction: ____

Sec: 27   Twp: 6S   Rng: 96W

** If directional footage at Bottom Hole   Dist.: 2438 feet. Direction: FNL   Dist.: 1309 feet. Direction: FWL

Sec: 27   Twp: 6S   Rng: 96W

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

11. Federal, Indian or State Lease Number: COC 027743

12. Spud Date: (when the 1st bit hit the dirt) 05/07/2011 13. Date TD: 05/12/2011 14. Date Casing Set or D&A: 05/12/2011

15. Well Classification:

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

16. Total Depth MD 7531 TVD** 7011   17 Plug Back Total Depth MD ____ TVD** ____

18. Elevations GR 5604 KB 5628   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)

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	65	41	0	65	VISU
SURF	13+1/2	9+5/8		0	1,289	320	0	1,289	VISU
1ST	7+7/8	4+1/2		0	7,522	960		7,522	CALC

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	
WASATCH G	2,284		☐	☐	
MESAVERDE	4,330		☐	☐	
CAMEO	6,961		☐	☐	
ROLLINS	7,409		☐	☐	

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: 7/22/2011   Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name		attached ?	

Attachment Checklist

Att Doc Num	Document Name	attached ?
2587638	CMT Summary *	Yes ☒ No ☐
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

Other Attachments

Att Doc Num	Document Name	attached ?
2587637	FORM 5 SUBMITTED	Yes ☒ No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)